

THE OHIO STATE UNIVERSITY
OFFICIAL PROCEEDINGS OF THE
ONE THOUSAND FOUR HUNDRED AND SIXTEENTH MEETING
OF THE BOARD OF TRUSTEES

Columbus, Ohio, November 4, 2005

The Board of Trustees met at its regular monthly meeting on Friday, November 4, 2005, at The Ohio State University Recreation and Physical Activity Center, Columbus, Ohio, pursuant to adjournment.

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Minutes of the last meeting were approved.

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The Chairman, Mr. Slane, called the meeting of the Board of Trustees to order on November 4, 2005, at 10:50 a.m. He requested the Secretary to call the roll.

Present: Daniel M. Slane, Chairman, Robert M. Duncan, Karen L. Hendricks, Dimon R. McFerson, Jo Ann Davidson, Douglas G. Borrer, Walden W. O'Dell, Brian K. Hicks, Robert H. Schottenstein, Chad A. Endsley, and Yoonhee P. Ha.

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PRESIDENT'S REPORT

President Karen A. Holbrook:

I am going to talk about two things today: 1) this marvelous facility that we are in today; and 2) a follow-up on something you heard about in the spring that shows what is happening in one of our extraordinary research facilities in Arizona -- the Large Binocular Telescope.

Let me start out by adding on to what was said this morning at the Academic and Student Affairs Committee meeting. I do not want to be redundant because there was a good discussion on this facility in that meeting, but most of that discussion focused on the collaboration that put this facility together, that planned it, and continues to plan the programming for it. They talked about the academic programs and some of the research that relates to what goes on in this facility. Also mentioned was the value it has for competitive athletics, now that Ohio State can host some of the major Big 10 and NCAA events. This is very exciting.

Then we heard from our students about what this facility means to them. I thought Zane Fry had one of the nicest comments relating to what we talk about a lot -- and that is the Ohio State community. He talked about this kind of facility as one that helps grow community. I thought that was a very good comment. Others pointed out that this is an inspiring facility and there is no question about it.

I am going to focus briefly on wellness as a theme for Ohio State. The CDC put out a report some time ago that was a very good one called, "The Power of Prevention." That is really what this building is all about. It is about prevention; it is about wellness.

If we simply look at a medical model and look at the conditions that exist in our health and the health of our nation today, by the year 2011 this country will have spent \$2.8 trillion on health care costs. The goal is to reduce that and reducing that does not mean curing infectious diseases. That is not the primary emphasis because 75% of the health care costs in this nation relate to behaviors. That is what this building is all about -- changing behaviors.

Three of the most important behaviors in this country are tobacco use, lack of physical activity, and poor eating habits. Those account for 33% of the deaths in this country every year or about 800,000 people.

Unhealthy lifestyles are characteristic of our population. They begin at early ages and are reinforced by all of the ads that we see on TV, through magazines, and the internet. We know that our students come to Ohio State, a large portion of them are fit and want to remain fit. They want to be in an environment where wellness is not only endorsed, but where wellness is promoted. So Ohio State is the place where we have a real opportunity to help make a significant impact on thinking wellness and changing attitudes for the future.

One of the things I am going to mention is that a number of years ago Ohio State put together something called the "Wellness Collaborative." I first was introduced to this about two summers ago and now have seen a Wellness Collaborative Action

Plan that followed up on it. It is a University-wide group that came together because they were committed to faculty, staff, and student wellness, including safety.

Let me tell you who all is involved in this and then you will get a sense of the breadth of these programs and how many people really care about the wellness of the population of Ohio State. These are programs from the Student Wellness Center under Student Health Services and Student Affairs, the School of Allied Medical Professions, Residence Life, the Faculty and Staff Wellness Program, Counseling and Consultation Service, Buckeye Sports Psychology Services, the Office of Financial Aid, the Rape Education and Prevention Program, the Department of Recreational Sports, and the School of Physical Activity and Educational Services.

A very large number of people have come together in this collaborative. They put out a "White Paper" in June 2003 that was meant to embed wellness in all of the University's academic, research, and outreach and engagement plans by putting in place a wellness culture that influences positive choices, encourages balanced lives, and counteracts unhealthy lifestyles. This is, again, in concert with the Academic Plan and with the things that come out of Human Resources in terms of work-life balance for both the faculty and staff.

The idea of the collaborative was to provide a unified campus agenda to improve wellness of Ohio State faculty, staff, and students and save costs through health and productivity. It also provided leadership for research and holistic complementary and integrative health and outreach beyond the campus, making wellness a priority overall.

It has a lot of programs related to lifestyle management. If you look at managing lifestyle, particularly of things like smoking, physical activity and obesity, there are actual costs that can be assigned to these that are in the multi-billions of dollars that can all be corrected with the kind of lifestyle that is promoted through a facility such as this one.

We provide a lot of services on this campus for health and wellness, and the programming activities are all meant to hit social, physical, intellectual, career, emotional, and spiritual life on this campus. We heard the students this morning talk about the social interactions of students getting together with other students and spending the weekend in leadership activities. Physical is very obvious. Intellectual is obvious through all of the programs that we have. But I think all of these things are really very important.

Let me highlight one other thing that Ohio State is doing that I think is very exciting and that is changing our health plans at Ohio State. Instead of emphasizing the medical model again and using medical intervention, the idea of promoting wellness before people have to see a physician will really save a significant amount of money. Forty percent of physician visits could be successfully treated with self-care if people had done that at the front end rather than waiting until they were ill.

We have in place health coaches on campus and we are doing a number of screenings. There are a lot of different places on campus to encourage faculty and staff to find out more about their own wellness. We have wellness ambassadors who are on the Columbus campus and regional campuses. We have an annual Wellness Fair. We have the Student Wellness Center, of course, and we have a lot of this promoted during Welcome Week. We have "Lunch and Learn" programs with 181 classes that reached 4,441 participants last year. We have a number of off-campus activities that are developed. We have a lot of research on wellness. Overall what we are trying to do is truly make a difference in the lives of people at Ohio State in the wellness arena.

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We have been recognized for our success with the Governor's Healthy Ohioans Healthy Worksite Award and University Health Connection has been recognized for being a Best Practice Model Delivery Site.

Wellness is an important priority for The Ohio State University and being in a facility like this today simply emphasizes that we do care and that we are very much involved in thinking about the wellbeing of our people, not just from an intellectual side, but also from a physical side as well. Everyone knows those two things go together hand-in-hand.

I want to transition then to something that I hope many of you have seen in an absolutely wonderful editorial that was in *The Columbus Dispatch* after the first light of the Large Binocular Telescope. That is something that Ohio State is involved in and you will see on the DVD who our partners are in the Large Binocular Telescope.

For those of you who do not know, this is the world's largest and most powerful ground telescope ever that will eventually have 24 times the light-gathering power of the Hubble Space Telescope. Ohio State is one of the three major partners of the telescope along with some of the others that you will see on the DVD. I simply have to read you the last paragraph in *The Columbus Dispatch* because we could not have written a better story had we done it ourselves. We really are so grateful for their support and realization of how important this is.

What they have said is, "Every such success -- this refers to the Large Binocular Telescope and to the fact that we have more new fellows of the American Association for the Advancement of Science -- generates buzz in the scientific community for OSU, and that talk attracts talented faculty and grants." I would add that it also attracts talented students and staff. "The university's investment in and attention to science and research are paying off."

We feel like that is true and I think once you see what happened at the Large Binocular Telescope with the first light you will feel the same way. Some of our Trustees had the opportunity to see it when it was just being put together and I think we all need to go back for another visit when we get the second mirror up, running, and functional and we will then have it as a binocular telescope. Let us roll the DVD and see where we are today.

Jim Krygier, from the Department of Astronomy, is with us today so he might talk about this. It is such a beautiful story.

[DVD presentation]

Mr. James E. Krygier:

The Large Binocular Telescope is an international collaboration -- Ohio State, Arizona, the German astronomy community, the Italian astronomy community, and the Research Corporation of America are all partners.

The second mirror has now been taken up to the top of the hill and has been mounted on the telescope and through the rest of the winter we will be working on fixing it and bringing it up to speed. The hope is that by next summer the second mirror will be working and be even more dramatic. The first one is already working.

When you think that the universe is more than 10 billion years old, you will see even more dramatic, further distant galaxies and other things in our world that we can look at. It is going well; it is great. The partners are excited and obviously Ohio State is right up in the front of it and enjoying every moment of it. We thank you all for your support.

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Mr. McFerson:

How many cloudy days on the mountain?

Mr. Krygier:

Not many. That is why it is in Arizona on Mount Graham, which is 10,500 feet high. There should be around 250 nights a year available for observing, but you will have some nights for maintenance. Ohio State owns one-sixth of the nights.

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STUDENT RECOGNITION AWARD

Ms. Ha:

The Student Recognition Award is presented each month by the Board of Trustees to a student in honor of the student's achievement in his or her area of study, service to the University and/or community, and/or research achievements that have been a credit to the college and the University. This month's recipient is Cedric V. Pritchett, who was nominated by Dr. Fred Sanfilippo, senior vice president for Health Sciences and dean of the College of Medicine and Public Health.

Prior to enrolling in the College of Medicine and Public Health as an Achievement Scholar, Cedric graduated from the Kettering College of Medical Arts with a 3.99 GPA and worked as a physician assistant. Today, Cedric is a second-year medical student who has excelled in academics, leadership, and community service.

Academically, Cedric finished his first year of medical school in the Integrated Program with an impressive 93.26% and received honors, which placed him in the top 10% of his class. In addition to excelling in his studies, he has demonstrated his leadership abilities by serving as a senator for the Inter-Professional Council. He has devoted countless hours to his role as director of M.D. Camp, an enrichment program for underrepresented high school students. Working tirelessly with other students, Cedric raised over \$15,000 in grants to make the program a reality. As a demonstration of his well-roundedness, he even found time to be a part of MeD Notes, an a cappella ensemble.

Perhaps Dean Sanfilippo put it best when he noted, "There are other students who are great scholars or great leaders but no one puts both components together like Cedric. He is mature, with outstanding communication skills and a great sense of humor. Cedric will be a superb clinician and leader in whatever he chooses to do in his career in medicine."

Cedric, on behalf of the Board of Trustees, I am pleased to present this award to you today. Congratulations.

Mr. Cedric V. Pritchett:

Good morning, members of the Board, faculty, and staff. First of all, I should just say, "thank you," and I do believe a few remarks are appropriate at this time after such a recognition.

My words of thanks will be fairly few. First of all, I want to thank my Father in Heaven for the direction, the ability, the opportunity, and the hope that has been granted to me as an individual. I also want to thank my fan club, primarily my wife and her family. Unfortunately, my parents are not able to be here, but hers were generous enough to step in and fill the role. I also want to thank just numerous

mentors and physicians along the route who have helped me become who I am today and unfortunately are not able to attend this event.

My experience at Ohio State has been nothing short of great. I chose this College of Medicine and Public Health because I believed in the vision that it had, the quality of education that it offered, and the direction in which it appeared to be going. I have not been disappointed. On the contrary, I have been excited. As President Holbrook just mentioned, every week you can visit the website and see some new advancement in the University or in the College of Medicine and Public Health and that just really makes you feel like you are on the cutting edge of science and technology. It is truly a wonderful privilege to be part of a distinguished institution, but it is a greater reward to be a contributor to its prominence. And that is my goal.

Yoonhee mentioned earlier some of the events that I have been involved in -- MeD Notes, the Columbus Free Clinic, the Inter-Professional Council, and M.D. Camp. They have truly enriched me and made me a better person.

This year, my focus changed just a bit. I tried to get more involved in science and medicine as a science, working with Dr. Bahner in the ultrasound academy. This week I was fortunate enough to be able to travel to Washington, D.C. and represent the College of Medicine and Public Health at the American Association of Medical Colleges convention, hosting M.D. Camp as an innovation and our contribution to the field of medicine.

The desire to engage in such activities is really a tribute to my past. However, the opportunities and the resources come directly from the faculty of the College of Medicine and Public Health. I want to just offer some personal thanks at this time to Dean Sanfilippo for the element of advancement that he has introduced at our school and the atmosphere of excellence that he maintains. Whatever he has started at the faculty level definitely descends and diffuses to the students and we as well seek to embrace that vision of achievement and discovery.

Two individuals were unable to be here this afternoon, notably Dr. Paul Weber, associate vice dean for Education, and Dr. Benedict Nwomeh, an assistant professor in the Department of Surgery, Division of Pediatrics. These two gentlemen are scholars, teachers, and personal friends. They made it a point to invest their energy in me, to understand my vision, and to help make my vision a reality. Furthermore, they have extended to me the opportunity to partner with them in approaching our mutual goals. It is their lives and their approaches to life that has infused fresh vigor into these pre-clinical years of mine. For this, I am in their debt and extremely grateful.

Finally, I also wanted to just recognize Muntaqima Furqan, associate director in the Office for Diversity and Cultural Affairs in the College of Medicine and Public Health. She has been an excellent confidante, a valuable colleague, and perhaps a bit of a matriarchal figure as well, as I have navigated these first couple of years. She is always expecting accountability and encouraging responsibility to the community at large, which I believe is at the heart of Ohio State's vision.

So, Board members, and all who sit in this lecture hall today, I must say that I am star struck as I walk down the halls or in the clinics to see faculty, to see staff, and to see classmates who are of such quality and provide such qualifications. I am happy to be a piece of the puzzle and I am happy to be a member on this winning team. Thank you very much and to God be the glory.

Mr. Slane:

We are glad you chose Ohio State and you are going to be a great ambassador for us.

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COMMITTEE REPORTS

Mr. Slane:

I would now like to call on the Committee chairs for their reports. I would like to start with Karen Hendricks, chair of the Audit Committee. Karen –

Ms. Hendricks:

Thank you, Mr. Chairman. The Audit Committee convened yesterday from 3:00 p.m. until 5:45 p.m. and all Audit Committee members were present. Greta Russell, the University's controller, reviewed the financial highlights for FY 2005, which ended June 30, 2005. She drew five key conclusions that I thought were worthy of including in my report.

The first key conclusion is that the University's overall financial health remains sound in 2005. Expendable net assets decreased \$49 million to \$1.14 billion, primarily due to capital expenditures. Total net assets increased \$352 million to \$3.78 billion. Growth in tuition, grants and contracts, and OSU Health System and OSU Physicians revenue more than offset growth in operating expenses.

The second key conclusion was that the total University's plant debt grew \$63 million to \$878 million at June 30, 2005. Two bond issues subsequent to year-end -- that is after June 30 -- increased our total debt to \$1.08 billion, which is what our current debt level is.

The third key conclusion is the University's self-insurance liabilities are fully funded with a total surplus of approximately \$38 million at June 30.

The fourth key conclusion is that University Senate Bill 6 composite score is stable at 4.2. This is a score used by the state to assess the financial health of the state's public universities. It is a five-point scale with five being the maximum score and fiscal watch threshold at 1.75. So with OSU at 4.2, we are very comfortable with where we are.

The last point that Greta made was that the accounting rules on consolidation of the University's affiliates into the University's financial statements and audits are broad and inclusive. New affiliates are assumed to be in the University's financial statements unless proven otherwise. Greta reviewed in detail the criteria we use for inclusion or exclusion of affiliates in the normal auditing process for the University.

After Greta finished her report, Kris Devine and Michael Fritz, from Deloitte and Touche, the University's external auditors, reviewed the FY 2005 audit results. Probably the most important point I will make today is that the external auditors gave the University a clean and unqualified audit opinion. They reviewed the scope of the audit, which included the University's financial statements and audits that are required with federal monies when they are involved; The Ohio State University Research Foundation; Transportation Research Center; Campus Partners; OSU Foundation; OSU Physicians; and the NCAA procedures. It is a very broad and complex audit.

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Parms and Company, who was our third party minority contractor, performed audits on WOSU and OSU Managed Health Care Systems. The auditors communicated all that is required under generally accepted accounting standards and reviewed potential emerging issues related to new pronouncements from the Government Accounting Standards Board. They outlined all the constructive service comments -- areas they request management responses -- to improve University controls. This is required by law and Accounting Standards.

The Committee accepted the audit report unanimously. Then the Committee met privately with the external auditors separately without University management and personnel to discuss any potential issues or problems they might have. We also met privately, and separately, with the internal auditors without University management and personnel to discuss any potential issues or problems that they might have.

This audit represented the fourth and final year under our contract with our external auditors Deloitte and Touche. As required by the State Auditors, OSU will be putting this auditing responsibility out for bid for this next contract period in FY 2006.

On behalf of the Board, I want to acknowledge the outstanding and professional job Deloitte and Touche has done for the University, particularly Mike Fritz, who has completed 15 years working with OSU in some capacity off and on in our audits, and Kris Devine, who has been with us for eight years. This is a very complex audit and these people have been excellent partners. I would just like to acknowledge them with a round of applause.

Mr. Chairman, this concludes my report.

Mr. Slane:

Thank you, Karen. We will now hear from Mr. Borrer, chair of the Academic and Student Affairs Committee.

Mr. Borrer:

Thank you, Chairman Slane. Our first presenter today at the Academic and Student Affairs Committee meeting was Provost Barbara Snyder. She outlined a list of academic priorities for the University that they are working on.

The first of those priorities is the alignment of funding in graduate education. In the future, working toward that funding will be based on performance of the departments and programs, and in the next years they will be reviewing and evaluating performance to base the funding.

Next, we had a review of undergraduate student education. Our students are better prepared than they ever have been when entering our University. So we are working toward building a more coherent and flexible program to satisfy general requirements. One of the recommendations of the study is to reduce the number of hours in the current curriculum from 191 to 180.

Third is the concept of targeted investments in departments was discussed. The words "excellence" and "impact" rang very true from Provost Snyder. Her goal is to move our programs and departments to the top of their peer groups. The goal is worldwide excellence and, I believe, they have a very ambitious program that we clearly support here on the Board.

Next we heard from Dr. Mike Sherman and Mr. Mike Dunn on the Recreation and Physical Activity Center and the relationship with academics. President Holbrook talked about the great collaboration that went on with so many different

stakeholders and I think she covered that very well. This facility is a great example of the blending of academics into the use of a recreational facility.

We then heard from Miechelle Willis, associate director of Athletics, who talked about the McCorkle Aquatics Pavilion. It is the largest facility in the United States for indoor water sports for teams. We are going to be hosting both the Big Ten men's and women's championships in upcoming years and in 2008 we will be hosting the NCAA synchronized swimming championship and the NCAA women's swimming and diving championships. This will be a first time for both of those at Ohio State.

Then for the consent agenda we had six general recommendations: the establishment of the Department of Biomedical Engineering; renaming of the School of Natural Resources; approval of the use of "Center;" establishment of regular clinical-track faculty in the Fisher College of Business; amendments to the *Rules of the University Faculty*; and monthly personnel actions.

That concludes my report, Chairman Slane.

Mr. Slane:

Thanks, Doug. Next would be Jo Ann Davidson, chair of the Fiscal Affairs Committee.

Ms. Davidson:

Thank you, Mr. Chairman. We had two very good reports at the Fiscal Affairs Committee meeting this morning. The first would be very much in line with Dr. Holbrook's comments a little earlier about striving for wellness issues on our campus. Dr. Fred Sanfilippo and Larry Lewellen, who are both executive sponsors of Your Plan for Health -- the plan for delivering health care services for our faculty and staff -- made a report about what they have been working collaboratively on. There are three goals in mind: 1) to optimize wellness and increase productivity; 2) to continue to be an employer of choice in this community; and 3) to help control costs and try to keep them in the 5-7% range. They would like Ohio State to take the leadership and be considered a national leader in health plans.

There are some special activities in 2006, moving to perhaps some plan changes in 2007. Beginning on January 1, 2006, they will provide some incentives to staff for them to go online and do their own health assessment. They would offer additional incentives to staff in order to get them to have their biometric information taken. This information would be so valuable as part of their own health assessment. Obviously to be able to do some of those things, they also need to be able to assure that we have a secure e-mail system that will be available then for our faculty and staff to communicate with their caregivers. To be able to move in this direction and to provide some of those incentives, they will be investing 1% of the health care cost that we project, but with the anticipated return on that of about 5-7% in the next three-year period of time.

Starting off, the premium increases for Ohio State faculty and staff next year will be limited to 2.5%, which is lower than what was initially anticipated. There will also be a one-month premium holiday during the year, some time Winter Quarter, not only for faculty and staff members, but also for departments as far as contributions to the health care plan.

They also reported that they intend to build the plan reserves, which have been in a range of 5-10%. The Committee had asked some questions with the fluctuation in health care costs whether that was a high enough reserve and they are going to move to try to increase those reserves to be in the 10-20% range.

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The next report we had was from Bill Shkurti dealing with the first quarter financial report, to give us an idea after the first quarter where we stand financially. He mentioned a couple of things we have to be concerned about which are the increases in our energy costs and an increase in construction costs that are obviously fluctuating out there because of the hurricane disasters that we have had in other areas of the country.

Mr. Shkurti provided a grid to show where we have low risk right now in our financial picture and where we might have a more moderate risk. In the low risk area is enrollment, state support, research, other auxiliaries, regional campuses, and affiliated entities that are under University control.

I think he cited four areas that might be a little bit more in the moderate risk range. One is the Medical Center. When you are moving into a new year at the federal level when they start discussing budgets, you never know what modifications are going to be made to Medicare that could have a major impact upon the Medical Center. The Medical Center is such a huge piece of the overall budget for The Ohio State University.

The second item that was mentioned was in the development and fundraising area because we do have three projects that are moving towards completion and we still have some funds to raise for Page Hall, Scott Hall, and the Research Tower. The third was the affiliated entities that are not under University control, only because a couple of those are new and we need to be following that to be sure that we understand those risks.

The last was a little bit in debt management; not about the overall issuance of our bonds, which went very well and with which we feel very comfortable. What the Audit Committee reported is very accurate. But there are a couple of departments and areas that are running rather significant deficits that we need to actually review and keep an eye on.

The items that are coming from the Fiscal Affairs Committee on the consent agenda for Board approval are: the development report that Dr. Schroeder shared with us; and the employment of executive architects/engineer, programming and construction management services for the Medical Center Facility Master Plan and Clinical Expansion. You may remember we had a first reading on that at our last Board meeting and it is recommended for adoption. The third item is the ongoing approval of feasibility studies, design and construction contracts; and the last is the adoption of the Medical Center Master Plan and Project Cancer, which has been fully discussed with the Board a number of times, so this time it comes for the Board's stamp of approval. The Committee unanimously recommended those four actions for the consent agenda today.

Thank you, Mr. Chairman.

Mr. Slane:

Thank you, Jo Ann.

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STUDENT LEADERS' REPORTS

Mr. Richard A. Hollingsworth:

Good morning. Vice President Hall sends his regrets that he could not be with you this morning, but the invitation to have the student leaders speak came from the Board and we certainly want to thank you for your willingness to hear this group of student leaders.

One of the great traditions at The Ohio State University is the active involvement of students in the governance and decision-making on campus. The quality of that involvement, of course, is a direct function of the character and commitment of our student leaders. Today presenting are the three government presidents and the student chair of the Council on Student Affairs, a University Senate subcommittee. They are going to share with you a little bit about their activities and the issues that they believe are important to students. Because our student governments operate pretty independently, as you would expect and as we would want them to, I have no idea what they are going to say, but I am confident that these folks will reveal the quality of their characters and commitment to Ohio State and to the quality of student life.

First, we will hear from Mr. Isaac Wu. Isaac is a senior in the Fisher College of Business with a triple major in operations management, transportation, and logistics. If that is not enough academic work, he is also minoring in political science. Isaac is from Cincinnati, Ohio, and serves as the chair of the Council on Student Affairs.

Isaac will be followed by Amanda Graf, president of the Inter-Professional Council. Amanda is a fourth-year student in the College of Medicine and Public Health. Her undergraduate degree is from Ohio State in molecular genetics and psychology, and she is from Centerville, Ohio.

We will then hear from Barb Pletz. Barb is a doctoral student in the College of Education, in educational foundations and the philosophy of education. She already has two degrees from Ohio State, a bachelor in education and a master in journalism and she is from Columbus, Ohio. She is the president of the Council of Graduate Students.

Finally, you will hear from Suzanne Scharer, president of the Undergraduate Student Government. Suz is a fourth-year marketing major in the Fisher College of Business and is from Marion, Ohio.

Mr. Isaac K. Wu:

Good morning and thank you for the opportunity to share the many exciting and wonderful things going on with student life at The Ohio State University.

As outlined in the Faculty Rules, the Council on Student Affairs is a subcommittee of the University Senate that serves as the principal link between student government and the faculty and administration. It is comprised of selected students, faculty, and staff. The Council deliberates and makes decisions that influence the quality of student life on campus. This is seen especially in our advisory capacity to the vice president for Student Affairs in making recommendations regarding the operations of the Office of Student Affairs.

In the past, issues have revolved around topics such as student media, student health insurance, and the *Code of Student Conduct*. This year, our agenda highlights issues on transportation and parking, safety, and even a look at the academic calendar, all in regards to how students are affected.

In addition, our allocation subcommittee continues to earmark funds for student organizations and refine policies with the student activity fee. Introduced three years ago, the student activity fee has played an integral part in improving the quality of student life outside of the classroom. Student involvement has tripled in the last decade, part of this due to the success of the student activity fee. When the student activity fee was introduced, there were approximately 600 registered student organizations. Currently, there are over 900 student organizations on campus offering each student the opportunity to get involved in a group that shares his or her interests.

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The student activity fee has also brought about new initiatives, programs, and events of great benefit and interest to students. I would like to highlight three of these initiatives: 1) Alternative Spring Break; 2) Explore Columbus; and 3) the Ohio Union Activities Board.

Alternative Spring Break is an opportunity for students to travel to some part of the nation and perform active community service. For the past three years we have sponsored 8-10 trips each spring. This year in response to Hurricane Katrina, an Alternative Fall Break will occur as students travel to Slidell, Louisiana, to help with the relief and rebuild efforts in partnership with Habitat for Humanity.

Explore Columbus is the discount ticket program which, as its name implies, is a student's ticket to the city. To shed light on the magnitude and the volume of Explore Columbus, the program started off three years ago handling and distributing 26,000 tickets. Last year, that number rose to 47,000 tickets. Furthermore, it has become a very close-knit relationship between Ohio State and many businesses downtown. More recently, it was named the "Best Bargain" in *Columbus Monthly* magazine.

The Ohio Union Activities Board is a student-run organization that performs a great service to the University in its broad programming. Covering a broad array of topics and audiences from comedy to concerts to family fun evenings, students are given an opportunity to learn real-life skills while experiencing some of their most memorable moments. From students joining Bob Dole and Howard Dean for dinner before a very lively debate, to Dave Chapelle interacting with audience members, and even a class reunion from that old television favorite, "Saved By the Bell."

The quality of programming is affirmed by the number of students taking advantage of the programming, as attendance for this quarter has already reached 19,790 students. That is the highest of any autumn quarter since the fee's inception.

I think it is fair to say that the student activity fee has empowered students to entertain, educate, and inspire fellow Buckeyes in fostering community and providing a group for every individual's needs and interests.

As I said before, the student activity fee funds over 900 student organizations. Three of the largest of those are the three student governments and I am excited for the Board of their major accomplishments.

I will now turn it over to Amanda Graf, the president of the Inter-Professional Council.

Ms. Amanda E. Graf:

Good morning. Thank you very much for this opportunity to speak with all of you about student governance at Ohio State, in particular the Inter-Professional Council (IPC).

Initially, I would just like to tell you a little bit about student governance in general at Ohio State. We are very fortunate to have a tricameral system of student government with the Undergraduate Student Government, the Council of Graduate Students, and the Inter-Professional Council. This allows each student government organization to focus its efforts on the unique needs of its constituencies because we are all very different with different needs and concerns at the University. It also affords us the opportunity to come together and collaborate on larger issues and universal projects, about which you will hear a little more from Suz.

IPC represents the smallest constituency. We have approximately 3,000 students from the Colleges of Dentistry, Law, Medicine and Public Health, Optometry, Pharmacy, and Veterinary Medicine. We are also the youngest student

government organization on campus, founded in the late 1970s. Of note, there are still several former IPC greats around campus: Mr. Brad Myers, the University Registrar, is a former IPC president; and Dr. Joe Barr, our current faculty advisor and associate dean in the College of Optometry, is also a former IPC officer. You also heard a little bit today from one of our senators, Mr. Cedric Pritchett, of whom we are very proud.

IPC is composed of legislative, executive, and judicial branches. Annually, five senators are elected from each of the six schools. We then vote internally to elect our executive branch of a president, vice president, and secretary. Each school also elects a justice to serve on our judicial panel.

IPC approaches each year with three primary goals: 1) connect and engage professional students at the University-level; 2) provide opportunities for our constituents to enhance their professional development; and 3) work to encourage interaction among the students from the different colleges.

Within each of our primary goals are a number of related objectives and initiatives. First, connecting professional students to the University at large is an interesting challenge because we come from six colleges that differ widely in size, support, and interest. Our colleges are relatively independent from the University, our time constraints are very large as professional students, and our constituency is considerably smaller than the others. At times the needs and concerns of professional students can be somewhat obscured at the University-level. Nonetheless, they should be identified and addressed.

In order to do so, IPC works to place professional students on the many University Senate committees to provide a professional student voice on the various issues that are discussed. These students are then able to report back to IPC and to all the professional students via a new web-based reporting system that was implemented this fall during an overhaul of our website, completed by our chief-of-staff, Kevin Freeman. We also work with the other student government leaders to address large issues such as hurricane relief and safety.

Secondly, IPC is able to encourage our constituents to seize a variety of opportunities for professional experience and growth by providing financial assistance through our professional development fund. This wonderfully generous fund comes to us from the Office of Academic Affairs and allows IPC to assist students in a variety of endeavors that enhance professional experience, such as traveling to conferences, hosting speakers, and traveling for mission and volunteer experiences. In the past few years, students from many of our disciplines have received funding from IPC for trips to Africa, South America, Mexico, and a number of underserved areas right here in the United States.

Finally, IPC develops social, service, and academic programs and opportunities to encourage interaction among our constituents. It is important for all of us to learn to work with one another now, as it will be necessary to work with other professionals throughout our careers. We also know that we have a lot to learn from one another and, typically, we enjoy being around one another.

Our three internal committees -- social, service, and outreach committees -- work throughout the year to develop and implement programs. For instance, this past weekend we had our annual Halloween gathering and were able to raise approximately \$5,000 to donate to hurricane relief efforts. Each year we also plan several community service opportunities. For example, next week a group of our professional students will be going to help out at the Ronald McDonald House at Children's Hospital.

This is the second year for the annual IPC Case Competition, which is one of our most exciting initiatives -- encouraging students to work together on an academic

project. It is an innovative and challenging program that gives the students the opportunity to work with team members from other schools. Six teams, with one member from each discipline, will work together over the winter to develop a written and oral presentation answer to a question that has been designed by a faculty committee which is chaired by Dr. Bill Becker, from the College of Medicine and Public Health. These faculty members have given a considerable amount of time to develop the questions and then they will also spend a day during the spring judging the presentations and reading the papers. The question this year has been designed to be, "The great pandemic." We leave it very open-ended so that students can take any direction they would like. After seeing last year's presentations they will be very different from one another. I look forward to seeing the direction in which the students will go.

IPC is off to a great start this year. We have much work to do and a lot to look forward to. As an organization, we will certainly spend this year doing our best to effectively represent our constituents and work to improve their experiences here at The Ohio State University.

You will now have an opportunity to hear from Barb Pletz about the graduate student experience.

Ms. Barbara A. Pletz:

Thank you, Amanda. Good morning, Chairman Slane, Board members, President Holbrook, and guests. I appreciate the chance to inform you about the Council of Graduate Students or what we affectionately call "CGS."

The 2005-06 academic year is going to be an exciting one for CGS, as we celebrate our 50th anniversary. Dean Everett Walters of the Graduate School stated almost 50 years ago, "I have watched with almost parental pride its first tottering steps, hassles over organization and constitutional matters, growth, an increasing number of representatives, and a developing program of activities and maturity, independence for undergraduate regulations and professional publications. Although at times its ventures seemed destined for disaster, they successfully materialized. The first social events were poorly attended, the early coffee hours were quite unsuccessful, and the beginning meetings hardly representative, and the projected publications seem beyond reasonable hope of accomplishment."

Well, Dean Walters, CGS has come a long way in 50 years. Not only are we probably one of the oldest student government organizations in the United States, we are also the largest, representing over 10,000 graduate students registered in 114 graduate programs. The Council has enjoyed collegial relationships with not only the other student organizations but with faculty, central administration, and, may I add, the Board of Trustees.

It is because of that relationship that this past academic year was a watershed for graduate students, because we now have a permanent graduate compensation and benefits committee housed within the University Senate; standardized appointment documents so both graduate students and departments know the expectations of each; short- and long-term leave -- for example, medical, adoption, parental, and/or other reasons; and increased health care benefits that include spouse or domestic partner.

Those are benefits for the funded graduate assistant. Because of our relationship with the Graduate School and the Office of Research, we have awarded thousands of dollars and experienced an increased participation by our graduate students in the Edward F. Hayes Research Forum. In addition, because of the Ray Travel Award, CGS awards thousands of dollars to graduate students presenting at national and international conferences.

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Not only do graduate students participate in research and teaching, we also participate through service. CGS elects and appoints over 200 graduate students to various University-wide bodies, including the University Senate and the Research Graduate Council.

Our achievements and successes have not gone unnoticed. In 1998, the National Association of Graduate-Professional Students (NAGPS) recognized CGS with its highest honor by naming us the Graduate Student Association of the Year. A year later, NAGPS honored CGS, again, with the outstanding new graduate program in the nation for the Ray Travel Award.

As we celebrate our golden anniversary we will highlight past and present graduate student achievements; host the Ohio Graduate Council meetings in January; continue working with federal and state legislators regarding legislation that affects the graduate students such as the Federal Higher Education Reauthorization Act; continue working with the faculty, the administration and, of course, you, the Board of Trustees, regarding compensation and benefits concerns; partner with the Office of Institutional Research in determining the needs of non-funded or under-funded graduate students; and continue partnering with IPC – like the frequent fitness programs -- and USG – like the Katrina Spaghetti Program -- as we address concerns that affect all our organizations.

In closing, we are proud of our accomplishments, yet there is always more to be done. As graduate students, we have been fortunate to be led by those who have a passion for the wellbeing of graduate students, by elected delegates who represent us well, and by our advocate the Graduate School administration.

So join us this year as we celebrate our golden anniversary and as we, the graduate students of The Ohio State University, continue to do great things. Thank you. Suz will now talk about USG's accomplishments.

Ms. Suzanne M. Scharer:

Thank you, Barb. Good morning. The Undergraduate Student Government is the governing body that advocates for all 36,000+ undergraduates at The Ohio State University. Our organization is made up of budding politicians, civic servants, aspiring philanthropists, engaged students, and many who just want to give back to Ohio State.

We have a diverse mix of students that makes being part of this organization such an experience. Although you may typically see us challenging decisions or creating our own route on campus, we are all here for one cause and that is to serve our peers.

USG is made up much like a federal government, including legislative, executive, and judicial branches. Every spring our organization transitions to welcome a new administration. In April of last year, my running mate, Matt Kreiner, and I were elected president and vice president by a student vote. Elected with us in the spring included many of our 56 senators representing academic, living areas, and at large constituencies. Our senate researches and passes legislation based on students' opinions on a variety of issues relative to their specific constituencies.

On the executive side, Matt and I oversee a cabinet of 26 directors and over 100 committee members who work on a variety of projects, policies, and initiatives pertaining to residence halls; off-campus living; local, state, and federal issues; and even professionally developing our members. Aside from the support of nearly 200 active student members, much of our work is done alongside many other University community members. Together with many faculty, staff, and administrators, we are able to carry out the work of the undergraduate students.

Each year, a new administration takes over with new ideas on how to improve the organization, improve advocacy of students, and improve the average student's daily life. However, from year to year, many of those issues remain the same. For several years, USG has been advocating for changes to our general education curriculum and now we are looking forward to the University-wide review of the undergraduate education as charged by Provost Snyder.

For many years, USG has reviewed higher education funding and how best to use student tuition dollars. This year we are continuing our tuition commission with help from Mr. Shkurti and his office. For many years, we have seen the changing culture of the University district and now we are anticipating future work on a community safety center and other community building activities.

Aside from these overarching ideas, each day we focus on campus-wide programming, educating students on new policies, and building relationships with students. Matt and I have focused efforts on civic engagement through an information website, OSUVotes.com; through taking a proactive approach to involve more minority students in USG and other campus organizations; helping our student-run radio, The Underground, develop as a premier campus organization; increasing our participation in campus-wide events like orientation, Welcome Week, homecoming, and Beat Michigan Week; and even begun developing the future leaders of our organization through our first-year intern program. As students evolve and as different issues arise, their needs change and it is our role to develop new initiatives for the students we represent.

In response to the devastation of the Gulf coast by Hurricane Katrina, students began work in early September on how to help those in need. After brainstorming sessions and quick thinking, we began to engage our community in an idea of continuous service. To start this initiative the three student governments along with the four Greek councils hosted a spaghetti dinner fundraiser in the Ohio Union. After several weeks of power planning, we served 1,500 pounds of cooked pasta, 150 gallons of marinara sauce, over 3,000 slices of garlic bread, 200 pounds of salad, and 6,000 meatballs on Monday, October 10.

To involve more community members, we put together a drive-through on Ohio Union Drive, developed a "to go" station, hosted two dinner seatings in the Ohio Union ballrooms, and utilized the four traditional dining commons on campus. We were hoping to raise awareness and would have been ecstatic to raise \$10,000, but with amazing support we raised \$32,547.91. These funds are now helping out the San Antonio Food Bank where Ohio State and Oklahoma State together performed community service at last year's Alamo Bowl. More directly, these funds are starting a disaster relief fund within the Student Advocacy Center to help students who need additional support in these times of need. This event was truly students helping students.

The Ohio State University is truly unique. We have amazing students, faculty, staff, administrators, and community members who give back to the University in a variety of ways. As engaged students in the Undergraduate Student Government, we are preparing each other for service and civic engagement long after our years in college have ended. Who knows? Maybe some of our members will be appointed to this Board in a few years.

Today, you heard just a few of the top priorities of a few student leaders. But what I hope you will take with you is the dedication, thought, and hard work that exists in the hundreds of students we work with each day and the tens of thousands of students we all represent. Thank you for allowing all of us to present this morning and we look forward to working with each of you in the future.

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Mr. Slane:

Thanks for your great work and we will see you all at lunch today. Thank you.

Mr. McFerson:

On average, how many hours a week do each of you spend volunteering in these capacities?

Mr. Wu:

Usually between 15 and 20 hours a week.

Ms. Graf:

Depending on what rotation I am doing, that is probably about right.

Ms. Pletz:

Probably around 40 hours.

Ms. Scharer:

My résumé says 40 to 50 hours and that is about accurate, especially around times like these.

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CONSENT AGENDA

President Karen A. Holbrook:

We currently have seventeen resolutions on the Consent Agenda today and we are seeking your approval for:

**AMENDMENTS TO THE BYLAWS AND RULES AND REGULATIONS OF THE
MEDICAL STAFF FOR BOTH THE OHIO STATE UNIVERSITY HOSPITALS AND
THE OHIO STATE UNIVERSITY HOSPITALS EAST**

Resolution No. 2006-43

Synopsis: The amendments to the *Bylaws and Rules and Regulations of the Medical Staff* for both The Ohio State University Hospitals and The Ohio State University Hospitals East are recommended for approval.

WHEREAS The Ohio State University Hospitals Board pursuant to bylaw 3335-101-04 of the Hospitals Board Bylaws is authorized to recommend to the Board of Trustees the adoption of amendments to the *Bylaws and Rules and Regulations of the Medical Staff* for both The Ohio State University Hospitals and The Ohio State University Hospitals East; and

WHEREAS these amendments were approved by the University Hospitals Board on September 22, 2005:

NOW THEREFORE

BE IT RESOLVED, That the foregoing amendments are hereby adopted.

(See Appendix XXI for background information, page 521.)

**AMENDMENTS TO THE *BYLAWS OF THE MEDICAL STAFF AND
RULES AND REGULATIONS OF THE MEDICAL STAFF OF THE
ARTHUR G. JAMES CANCER HOSPITAL AND
RICHARD J. SOLOVE RESEARCH INSTITUTE***

Resolution No. 2006-44

Synopsis: The amendments to the *Bylaws of the Medical Staff and Rules and Regulations of the Medical Staff* of The Arthur G. James Cancer Hospital and Richard J. Solove Research Institute are recommended for approval.

WHEREAS The Arthur G. James Cancer Hospital and Richard J. Solove Research Institute Board, pursuant to bylaw 3335-109-02 of the James Cancer Hospital Board Bylaws, is authorized to recommend to the Board of Trustees the adoption of amendments to the *Bylaws of the Medical Staff and Rules and Regulations of the Medical Staff* of The Arthur G. James Cancer Hospital and Richard J. Solove Research Institute; and

WHEREAS the proposed amendments to the *Bylaws and Rules and Regulations of the Medical Staff* of The Arthur G. James Cancer Hospital and Richard J. Solove Research Institute were previously endorsed and ratified by The Arthur G. James Cancer Hospital and Richard J. Solove Research Institute Board on September 27, 2005:

NOW THEREFORE

BE IT RESOLVED, That the foregoing amendments be hereby adopted.

(See Appendix XXII for background information, page 549.)

ESTABLISHMENT OF THE DEPARTMENT OF BIOMEDICAL ENGINEERING

Resolution No. 2006-45

Synopsis: The establishment of the Department of Biomedical Engineering in the College of Engineering is proposed.

WHEREAS biomedical engineering includes the application of engineering to medicine and is the fastest growing engineering subfield at both undergraduate and graduate levels in the country; and

WHEREAS the current Biomedical Engineering Center is well prepared to move to departmental status and the new department will have the requisite resources for its research, education, and service missions; and

WHEREAS many colleges and universities in North America and throughout the world have programs and academic departments in biomedical engineering; and

WHEREAS the proposal was approved by the University Senate at its September 29, 2005 meeting:

NOW THEREFORE

BE IT RESOLVED, That the proposal to establish the Department of Biomedical Engineering in the College of Engineering be hereby approved, effective immediately.

RENAMING OF THE SCHOOL OF NATURAL RESOURCES

Resolution No. 2006-46

Synopsis: Renaming of the School of Natural Resources to the School of Environment and Natural Resources is proposed.

WHEREAS the School of Natural Resources addresses natural resource and environmental issues for the benefit of human society and the biosphere; and

WHEREAS the proposed name change does not mean a new academic orientation for the School, but a better reflection of ongoing activity and the School's role in the College of Food, Agricultural, and Environmental Sciences, and has been endorsed by the faculty of the School, the faculty in the College, and by the dean; and

WHEREAS other academic units that use the term "environment" – the College of Biological Sciences, the College of Engineering, the College of Mathematical and Physical Sciences (Department of Geological Sciences), the Moritz College of Law, and the College of Social and Behavioral Sciences (Department of Geography) were consulted, reviewed the proposal, and provided support; and

WHEREAS by prior University Senate and Board of Trustees' action, use of the term environment by one academic unit does not preclude its use now or in the future by any other academic unit; and

WHEREAS the proposal was approved by the University Senate at its September 29, 2005 meeting:

NOW THEREFORE

BE IT RESOLVED, That the School of Natural Resources be renamed the "School of Environment and Natural Resources," effective immediately.

APPROVAL OF THE USE OF "CENTER"

Resolution No. 2006-47

Synopsis: Approval of the use of "center" is proposed.

WHEREAS faculty rule 3335-3-36 (A) specifies that: "Use of 'center' or 'institute' in the names of proposed units of the university shall be limited to academic centers, unless approved by the council on academic affairs"; and

WHEREAS requests have been received for use of this term from: the College of Medicine and Public Health for the "Center for Critical Care" and the "Center for Personalized Health"; and

WHEREAS subsequent use of the term "academic" center will require that a formal proposal for academic center status will need to be submitted to the Council on Academic Affairs for full review; and

WHEREAS the Council on Academic Affairs has reviewed these formal requests at its meeting on October 5, 2005, and has no objections:

NOW THEREFORE

BE IT RESOLVED, That the use of the term "center" for the "Center for Critical Care" and the "Center for Personalized Health" be approved, effective immediately.

**ESTABLISHMENT OF REGULAR CLINICAL-TRACK FACULTY IN THE
FISHER COLLEGE OF BUSINESS**

Resolution No. 2006-48

Synopsis: Approval to establish regular clinical-track faculty in the Fisher College of Business is proposed.

WHEREAS the detailed rationale for establishing regular clinical-track faculty that includes: improving the quality of instruction by having a track of faculty uniquely qualified to provide instruction in professional skill-based courses, business problem simulation, and "live" settings; and improving the College's ability to retain and attract full-time teaching and practice-oriented faculty; and

WHEREAS the proposal has the support of the faculty and of the dean of the Fisher College of Business; and

WHEREAS the proposal adheres to University rule 3335-7-04 (previously rule 3335-48-04) and the Council on Academic Affairs' Guidelines for the Establishment or Amendment of Clinical Faculty Tracks; and

WHEREAS the proposal was approved by the University Senate at its September 29, 2005 meeting:

NOW THEREFORE

BE IT RESOLVED, That the establishment of regular clinical-track faculty in the Fisher College of Business is hereby approved, effective immediately.

AMENDMENTS TO THE RULES OF THE UNIVERSITY FACULTY

Resolution No. 2006-49

Synopsis: Approval of the following amendments to the *Rules of the University Faculty* are recommended.

WHEREAS the University Senate pursuant to rule 3335-1-09 of the Administrative Code is authorized to recommend through the President to the Board of Trustees the adoption of amendments to the *Rules of the University Faculty* as approved by the University Senate; and

WHEREAS the proposed changes in the *Rules of the University Faculty* were approved by the University Senate on September 29, 2005:

Amended Rule

3335-5-33 Membership.

There shall be a council on research and graduate studies constituted as follows:

(A) and (B) unchanged.

(C) Faculty members. Forty-four members of the graduate faculty, elected from the regular members of the graduate faculty of each of the ~~seventeen~~ eighteen colleges with graduate programs and the group of cross-college interdisciplinary graduate programs so designated by the dean of the graduate school: business ~~(3)~~ (2), social work (1), food, agricultural, and environmental sciences (3), human ecology (1), arts (4), biological sciences (4), education (4), engineering (4), humanities (4), mathematical and physical sciences (4), medicine and public health

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(1), nursing (1), dentistry (1), optometry (1), veterinary medicine (1), pharmacy (1), social and behavioral sciences (4), law (1), and interdisciplinary (2).

Balance unchanged.

NOW THEREFORE

BE IT RESOLVED, That the foregoing amendments to the *Rules of the University Faculty* be adopted as recommended by the University Senate.

JOSEPH SULLIVANT MEDAL AWARD

Resolution No. 2006-50

Synopsis: Approval of the awarding of the Joseph Sullivant Medal is proposed.

WHEREAS the Joseph Sullivant Medal is awarded once every five years as a memorial to the eminent services of Joseph Sullivant who, as a member of the first Board of Trustees, contributed significantly in determining the character and future of The Ohio State University; and

WHEREAS pursuant to the procedure established by this Board of Trustees, nominations for the award were referred through the Dean of the Graduate School to a Board of Award appointed by the President; and

WHEREAS after a careful review of the nominations this Board of Award recommended to the President that Liang-Shih Fan, Distinguished University Professor (The C. John Easton Professor in Engineering) be the recipient of this award; and

WHEREAS the President, in support of this recommendation and on behalf of the Board of Trustees, authorizes the granting of this medal at a time convenient to the University and the recipient:

NOW THEREFORE

BE IT RESOLVED, That the Joseph Sullivant Medal Award be presented to Liang-Shih Fan in accordance with the provisions for granting this award.

PERSONNEL ACTIONS

Resolution No. 2006-51

BE IT RESOLVED, That the personnel actions as recorded in the Personnel Budget Records of the University since the September 23, 2005 meeting of the Board, including the following Promotion, Change in Title, Reappointments, Leaves of Absence Without Salary, Professional Improvement Leaves, and Emeritus Titles, be approved.

Promotion

Name:	RICHARD S. STODDARD
Title:	Associate Vice President for Government Relations
Office:	Government Relations
Effective:	July 1, 2005
Present Position:	Assistant Vice President for Government Relations

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Change in Title

Name: JOHN B. STONE
Title: Senior Associate Vice President for Health Sciences
Office: Health Sciences
Effective: November 4, 2005
Concurrent Position: Chief Administrative Officer and Chief Financial Officer, OSU Medical Center

Reappointments

RICHARD K. HERRMANN, Director, Mershon Center, effective July 1, 2005, through June 30, 2008

MICHAEL D. LAIRMORE, Chairperson, Department of Veterinary Biosciences, effective January 1, 2006, through December 31, 2009

JOHN C. LIPPOLD, Interim Chairperson, Department of Industrial, Welding, and Systems Engineering, effective July 1, 2005, through June 30, 2006

ILEE RHIMES, Chief Information Officer, Office of Information Technology, effective November 15, 2005, through November 14, 2010

Leave of Absence Without Salary—Change in Dates

LINDA J. MYERS, Associate Professor, Department of African American and African Studies, change leave from Winter Quarter, Spring Quarter and Summer Quarter 2006, to Autumn Quarter 2005, Winter Quarter, Spring Quarter and Summer Quarter 2006.

Leave of Absence Without Salary—Continuation

WILLIAM E. BURAK, Associate Professor, Department of Surgery, effective September 1, 2005, through August 31, 2006, for personal reasons.

Professional Improvement Leave

H. ERDAL OZKAN, Professor, Department of Food, Agricultural and Biological Engineering, effective Spring Quarter and Summer Quarter 2006.

Professional Improvement Leave—Cancellation

HOJJAT ADELI, Professor, Department of Civil and Environmental Engineering and Geodetic Science, effective Winter Quarter 2006.

Emeritus Titles

HARRY P. ALLEN, Department of Mathematics, with the title Professor Emeritus, effective January 1, 2006.

J. BROOKS BREEDEN -- correction, Austin E. Knowlton School of Architecture, with the title Professor Emeritus, effective October 1, 2005.

DAVID R. DOWTY, Department of Linguistics, with the title Professor Emeritus, effective November 1, 2005.

THOMAS C. GRUBB, JR., Department of Evolution, Ecology and Organismal Biology, with the title Professor Emeritus, effective November 1, 2005.

LUCY R. FREEDY, Department of Radiology, with the title Associate Professor-Clinical Emeritus, effective November 1, 2005.

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FRANK L. JENNINGS, Agricultural Technical Institute, with the title Assistant Professor Emeritus, effective November 1, 2005.

RESOLUTIONS IN MEMORIAM

Resolution No. 2006-52

Synopsis: Approval of the Resolutions in Memoriam is proposed.

RESOLVED, That the Board adopt the following Resolutions in Memoriam and that the President be requested to convey copies to the families of the deceased.

Herbert M. Barnes

The Board of Trustees of The Ohio State University expresses its sorrow upon the death on September 7, 2005, of Herbert M. Barnes, Associate Professor Emeritus in the Department of Animal Sciences.

Professor Herbert M. Barnes was an especially devoted and loyal employee of The Ohio State University. His employment began as a freshman student in the then Department of Animal Husbandry in the College of Agriculture. His responsibilities included care of the swine herd utilized in the department's teaching and research programs. When he retired from OSU, he was the swine extension specialist and an impassioned proponent for the improvement of swine. He continued to effectively assist swine producers in Ohio to improve their pigs using up-to-date genetic principles, current nutrition information, and state-of-the-art management practices.

Herb Barnes was a member of the national champion OSU Intercollegiate Livestock Judging Team during his senior year. He later shared his expertise as coach of the Ohio 4-H livestock judging teams which also won national championships. In addition, he provided guidance to swine breeders nationally. His professional influence in that capacity contributed to his election to the State Fair Swine Hall of Fame.

Professor Barnes was a member of the American Society of Animal Science and numerous swine organizations. He was a teacher and writer of uncanny ability who was highly regarded not only in Ohio but nationally.

His long career included supervisory duties in the beef department of The Kroger Company meat plant prior to service as an artillery officer during World War II. He continued his military service in the U.S. Army reserves and served as commander of the 2078th Army Reserve School at Fort Hayes, Ohio. He retired at the rank of colonel.

On behalf of the University community, the Board of Trustees expresses to the family of Professor Herbert M. Barnes its deepest sympathy and sense of understanding of their loss. It was directed that this resolution be inscribed upon the minutes of the Board of Trustees and that a copy be tendered to his family as an expression of the Board's heartfelt sympathy.

James R. Blakeslee, Jr.

The Board of Trustees of The Ohio State University expresses its sorrow upon the death on September 6, 2005, of James R. Blakeslee, Jr., Associate Professor Emeritus in the Department of Veterinary Anatomy and Cellular Biology (now part of the Department of Veterinary Biosciences).

Born in Muncy, Pennsylvania, in 1933, Professor Blakeslee received a Bachelor of Science degree from the University of Pittsburgh and held Master of Science and Doctor of Philosophy degrees from the Roswell Park Memorial Institute at the State University of New York-Buffalo, where he trained in the laboratory of the internationally known

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microbiologist, Dr. Harold Cox. He joined the faculty at The Ohio State University in 1972 and was a respected researcher and teacher for 23 years until his retirement in 1995.

Dr. Blakeslee was a pioneer in the field of the newly discovered human retrovirus, Human T-Cell Leukemia Virus Type 1 (HTLV-1), which was the first retrovirus discovered to infect human beings. Following a sabbatical in the laboratory of Dr. Y. Hinuma at Kyoto University in Japan in 1983, he established a collaborative research program at Ohio State to study the biology of adult T-cell leukemia and its causative agent HTLV-1. This work became a nidus for the recruitment of world renowned researchers in human retrovirology. In addition, Dr. Blakeslee was a founding member of the OSU Comprehensive Cancer Center and the Center for Retrovirus Research at OSU.

Dr. Blakeslee was an active member of the University community and served on numerous school, college, and University committees, including serving as chairperson of the University's Athletics Council.

On behalf of the University community, the Board of Trustees expresses to the family of Dr. James R. Blakeslee, Jr. its deepest sympathy and sense of understanding of their loss. It was directed that this resolution be inscribed upon the minutes of the Board of Trustees and that a copy be tendered to his family as an expression of the Board's heartfelt sympathy.

John B. Freeman

The Board of Trustees of The Ohio State University expresses its sorrow upon the death on September 22, 2005, of John B. Freeman, Professor Emeritus in the Department of Art.

Professor Freeman received both a Bachelor of Arts degree in 1949 and a Master of Fine Arts degree in 1950 from Washington State University. He pursued additional studies at the Institute of Design in Chicago and Pratt Institute in Brooklyn. Professor Freeman joined the faculty of The Ohio State University School of Art in 1951 as an instructor and achieved the rank of professor in 1969. While a faculty member, he coordinated the sculpture program.

Professor Freeman began his career as a painter and commercial designer, but shifted to sculpture in 1956. His work was shown extensively both in Ohio and nationally. He had three New York one-person shows, the last one at the Royal Marks Gallery in 1971. Other venues for one-person shows were The Columbus Gallery of Fine Arts (now the Columbus Museum of Art), Akron Art Institute, Antioch College, and Denison University. His works are in the collections of the Columbia, South Carolina, Museum of Art; the Murchison Collection, Dallas; Otterbein College; and numerous private collections. His work was also a part of exhibitions held at the San Francisco Museum of Fine Arts, the Seattle Museum of Fine Arts, and the Provincetown Arts Festival. Invited group exhibitions included shows at the Cincinnati Art Museum and the University of Illinois Biennial in 1967 and 1969.

John Freeman was awarded Professor Emeritus status in 1984. He moved to Portland, Maine, and returned to Columbus to live in the summer of 2005.

On behalf of the University community, the Board of Trustees expresses to the family of Professor John B. Freeman its deepest sympathy and sense of understanding of their loss. It was directed that this resolution be inscribed upon the minutes of the Board of Trustees and that a copy be tendered to his family as an expression of the Board's heartfelt sympathy.

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Kitty O. Locker

The Board of Trustees of The Ohio State University expresses its sorrow upon the death on September 9, 2005, of Kitty O. Locker, Associate Professor in the Department of English.

Professor Locker received her B.A degree in English from DePauw University and both her M.A. and Ph.D. degrees in English from the University of Illinois at Urbana-Champaign. She began teaching for The Ohio State University in 1985, teaching such courses as Writing for the Web, Studies in the Teaching of College Composition, Business Communication, and Rhetoric and Community Service. She received national awards for both her research and teaching.

These awards and honors include the Meada Gibbs Outstanding Teacher Award and the Outstanding Researcher Award, both from the Association for Business Communication, an organization for which she also served as president. An active citizen in the Department of English, Professor Locker was a member of the Rhetoric and Composition faculty since 1985. Serving as a member of the Computer Committee, Professor Locker created the first Department of English web page.

Involved outside of the department as well, Professor Locker was instrumental in creating the minor in professional writing. She also served on three editorial review boards: *Business Communication Quarterly*; *Pedagogy: Critical Approaches in Teaching Literature, Language, Composition, and Culture*; and the *Journal of Language and Learning across the Disciplines*.

Throughout her academic career, Professor Locker authored or co-authored a dozen book chapters, scores of refereed journal articles, and five textbooks. She is especially recognized as the author of *Business and Administrative Communication*, a textbook in its seventh edition and

translated into several languages. Her work in progress included the scholarly monograph, *The Development of the Faceless Bureaucrat: The Emergence of Bureaucratic Style in the Correspondence of the British East India Company, 1600-1800*.

On behalf of the University community, the Board of Trustees expresses to the family of Professor Kitty O. Locker its deepest sympathy and sense of understanding of their loss. It was directed that this resolution be inscribed upon the minutes of the Board of Trustees and that a copy be tendered to her family as an expression of the Board's heartfelt sympathy.

Charles G. Orosz

The Board of Trustees of The Ohio State University expresses its sorrow upon the death on August 7, 2005, of Charles G. Orosz, Professor in the Departments of Surgery, Pathology, and Molecular Virology, Immunology, and Medical Genetics; and Deputy Director for Transplant Research in the Comprehensive Transplant Center.

Born in Cleveland, Ohio, in 1949, Professor Orosz held a Bachelor of Science degree in biology, a Master of Science degree in physiology, and a Ph.D. degree in immunology, all from Cleveland State University. He served a post-doctoral research appointment at the University of Wisconsin and held a faculty appointment at the University of Minnesota before coming to The Ohio State University in 1983.

During his tenure at Ohio State, Professor Orosz founded and directed the Therapeutic Immunology Laboratories and served as director of the Histocompatibility Laboratories at the Medical Center, and at Allegheny General Hospital in Pittsburgh. At Ohio State, he was a member of the Comprehensive Cancer Center and of the executive board of The Dorothy M. Davis Heart and Lung Research Institute.

November 4, 2005 meeting, Board of Trustees

Professor Orosz served his profession at the highest level. He was serving as president of the American Society for Histocompatibility and Immunogenetics (ASHI) at the time of his death, and had been named as the ASHI representative to the United Network for Organ Sharing Board. He also held current memberships on the Basic Sciences Symposium Committee of The Transplantation Society, Steering Committee of the Federation of Clinical Immunology Societies, the Immune Tolerance Network Review Board, and the Basic Sciences and Awards Committees of the American Society of Transplantation.

Further, he was an associate editor for the *Journal of Immunology*, and served on the editorial boards of *Transplantation*, *Journal of Immunology*, *Transplant Immunology*, *International Journal of Experimental and Clinical Chemotherapy*, *International Immunopharmacology*, and *Current Drug Targets – Cardiovascular & Haematological Disorders*. He was a contributing editor for *Current Opinion in Organ Transplantation*.

Professor Orosz' investigations into the immunobiology of graft acceptance and the role of alloantibodies in allograft pathobiology were well supported for many years by the National Institutes of Health, providing opportunities for technicians and students to be involved in his internationally-known research programs. He was listed as an author on over 200 peer-reviewed publications and received many honors and awards during his lifetime, most recently being named the recipient of the 2005 ASHI Distinguished Scientist Award.

Beyond scientific and professional pursuits, Professor Orosz strongly influenced the people with whom he worked. As a result of this, he enjoyed local, national, and international impact in developing the scientific and leadership skills of the many fortunate individuals who called him mentor and colleague. These individuals encompass a remarkable spectrum of interests: transplantation immunobiology, nanotechnology, and complexity theory, as well as basic and applied research.

On behalf of the University community, the Board of Trustees expresses to the family of Professor Charles G. Orosz its deepest sympathy and sense of understanding of their loss. It was directed that this resolution be inscribed upon the minutes of the Board of Trustees and that a copy be tendered to his family as an expression of the Board's heartfelt sympathy.

Karlis Svanks

The Board of Trustees of The Ohio State University expresses its sorrow upon the death on September 27, 2005, of Karlis Svanks, Associate Professor Emeritus in the Department of Chemical and Biomolecular Engineering.

Professor Svanks was born in 1906 in Riga, Latvia, and received his bachelor and master degrees in chemical engineering from the University of Latvia. After studying in Vienna, he immigrated to the United States in 1950 and was appointed to a research position with the Ohio State Engineering Experiment Station.

In 1966 he received his Ph.D. degree in chemical engineering from The Ohio State University with Professor Aldrich Syverson as his research advisor, and was appointed to a faculty position in the Department of Chemical Engineering. As a faculty member he served as thesis advisor to 17 Master of Science students.

His research focused on coal studies and water resources and water pollution including the Lake Erie Nutrient Control Program. He was highly praised by his colleagues for his extraordinary laboratory skills and his devotion to his work. Well-liked by his faculty colleagues, Professor Svanks was an expert bridge player, an avid fly fisherman, an opera aficionado, and an adventurous traveler.

November 4, 2005 meeting, Board of Trustees

On behalf of the University community, the Board of Trustees expresses to the family of Professor Karlis Svanks its deepest sympathy and sense of understanding of their loss. It was directed that this resolution be inscribed upon the minutes of the Board of Trustees and that a copy be tendered to his family as an expression of the Board's heartfelt sympathy.

REPORT OF RESEARCH CONTRACTS AND GRANTS

Resolution No. 2006-53

Synopsis: The report on research and other sponsored program contracts and grants and the summaries for August and September 2005 are presented for Board acceptance.

WHEREAS monies are solicited and received on behalf of the University from governmental, industrial, and other agencies in support of research, instructional activities, and service; and

WHEREAS such monies are received through The Ohio State University Research Foundation:

NOW THEREFORE

BE IT RESOLVED, That the research agreement between The Ohio State University and The Ohio State University Research Foundation for the contracts and grants reported herein during the months of August and September 2005 be approved.

REPORT ON UNIVERSITY DEVELOPMENT

Resolution No. 2006-54

Synopsis: The report on the receipt of gifts and the summary for September 2005 are presented for Board acceptance.

WHEREAS monies are solicited and received on behalf of the University from alumni, industry, and various individuals in support of research, instructional activities, and service; and

WHEREAS such gifts are received through The Ohio State University Development Fund and The Ohio State University Foundation; and

WHEREAS this report includes the establishment of thirteen (13) new named endowed funds, the revision of three (3) endowed funds, and the rescission of one (1) endowed fund:

NOW THEREFORE

BE IT RESOLVED, That the acceptance of the report from The Ohio State University Development Fund and The Ohio State University Foundation during the month of September 2005 be approved.

November 4, 2005 meeting, Board of Trustees

TOTAL UNIVERSITY PRIVATE SUPPORT
July through September
2005 Compared to 2004
GIFT RECEIPTS BY DONOR TYPE

	<u>Donors</u>			<u>Dollars</u>		
	<u>2005</u>	<u>2004</u>	<u>% Change</u>	<u>2005</u>	<u>2004</u>	<u>% Change</u>
Individuals:						
Alumni (Current Giving)	11,043	10,699	3	\$4,060,285	\$5,208,100	(22) ^A
Alumni (Irrevocable Trusts & Annuities)	6	5	20)	80,922	293,624	(72) ^B
Alumni (From Bequests)	12	20	(40)	1,107,903	10,565,585	(90) ^C
Alumni Total	11,061	10,724	3	\$5,249,110	\$16,067,309	(67)
Non-Alumni (Current Giving)	11,089	10,590	5	\$3,224,503	\$3,236,148	0
Non-Alumni (Irrevocable Trusts & Annuities)	2	3	(33)	585,602	9,527	
Non-Alumni (From Bequests)	12	14	(14)	2,164,800	3,865,358	(44) ^E
Non-Alumni Total	11,103	10,607	5	\$5,974,904	\$7,111,033	(16)
Individual Total	22,164	21,331	4	\$11,224,014	\$23,178,342	(52) ^F
Corporations/Corp/Foundations	1,008	1,006	0	\$6,182,672	\$8,002,717	(23) ^F
Private Foundations	155	130	19	\$2,968,494	\$1,677,732	77 ^G
Associations & Other Organiz.	379	366	4	\$1,275,042	\$468,731	172 ^H
Total	23,706	22,833	4	\$21,650,221**	\$33,327,522	(35)

** National reporting standards require that irrevocable trusts be counted at present value.

- A Individual Alumni current giving is down 22% due to \$2.5M in July-September 2004 from Elizabeth M. Ross to the Ross Heart Hospital.
- B Individual Alumni Irrevocable gifts are down 72% due to one \$400K (\$200K pv) irrevocable commitment in July 2004 from Dorothy and Art Shephard.
- C Individual Alumni bequest receipts are down 90% due to \$9.6M in bequest payments in July-September 2004 from four estates including:
 - \$5.6M from Carl Baldwin to ophthalmology research,
 - \$1.5M from Robert and Martha Schoenlaub for a chair in cancer research,
 - \$1.5M from Wilma H. Schiermeier for the Schiermeier Wetland Complex, and
 - \$1M from Martin and Blanche Essex to Educational Policy and Leadership program support.
- D Individual Non-Alumni Irrevocable gifts are up 6,047% due to one \$1M (\$500K pv) irrevocable commitment in August 2005 from Emily Hathaway.
- E Individual Non-Alumni bequest receipts are down 44% due to \$2M in July 2004 from Grace Baldwin to ophthalmology research.
- F Corporate/Corp/Foundations giving is down 23% due to \$1.5M in July-August 2004 from TRC to engineering for student activity support.
- G Private Foundations giving is up 77% due to overall gift activity at the \$50K+ gift level: eight gifts over \$50K in July-September 2004 compared with 17 gifts over \$50K in July-September 2005.
- H Associations and Other Organizations giving is up 172% due to overall gift activity at the \$10K+ gift level: nine gifts over \$10K in July-August 2004 compared with 21 gifts over \$10K in July-August 2005.

REPORT ON UNIVERSITY DEVELOPMENT (contd)

TOTAL UNIVERSITY PRIVATE SUPPORT (contd)

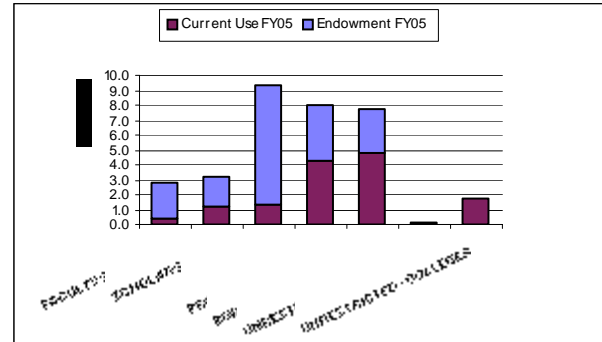
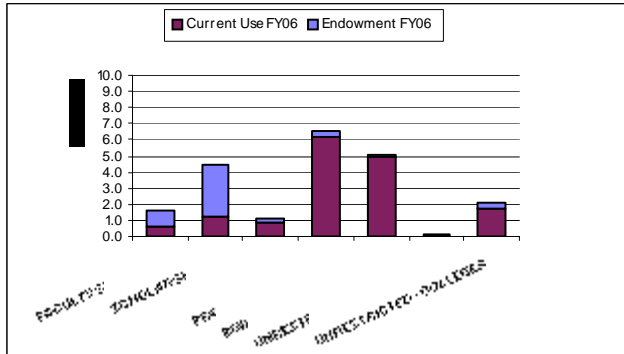
July through September

2005 Compared to 2004

GIFT RECEIPTS BY PURPOSE

	<u>Current Use</u>	<u>2005 Endowment</u>	<u>Total</u>	<u>Current Use</u>	<u>2004 Endowment</u>	<u>Total</u>	<u>%Change</u>
Faculty Support	\$664,486	\$931,961	\$1,596,447	\$362,874	\$2,473,296	\$2,836,170	(44)
Scholarships	\$1,220,591	\$3,268,949	\$4,489,540	\$1,216,036	\$2,041,984	\$3,258,019	38
Research	\$882,252	\$190,586	\$1,072,838	\$1,307,735	\$7,985,875	\$9,293,610	(88)
Program Support	\$6,182,185	\$399,171	\$6,581,356	\$4,314,204	\$3,721,137	\$8,035,341	(18)
Buildings & Equipment	\$4,960,889	\$82,442	0	\$4,816,404	\$2,911,307	\$7,727,712	(35)
Unrestricted – University	\$85,800	---	\$85,800	\$117,756	---	\$117,756	(27)
Unrestricted – Colleges	<u>\$1,754,377</u>	<u>\$360,000</u>	<u>\$2,114,377</u>	<u>\$1,733,678</u>	<u>\$29,861</u>	<u>\$1,763,539</u>	20
Total	\$15,750,579	\$5,233,108	\$20,983,687*	\$13,868,686	\$19,163,460	\$33,032,147	(36)

* Purpose Report Total does not include Irrevocable Deferred gifts, so the total will be lower than the total on the Donor Type Report.



THE OHIO STATE UNIVERSITY FOUNDATION

Total
Gifts

Establishment of Named Endowed Funds

The William A. and Helen L. Berdelman Engineering Endowment Fund (Used to commemorate William A. and Helen L. Berdelman and their desire to advance the quality of teaching and research within the University's College of Engineering; provided by gifts from William A. and Helen L. Berdelman)	\$114,702.00
Timothy P. and Colleen C. Duffey Swimming Scholarship Fund\$ (Used to supplement the grant-in-aid scholarship costs of undergraduate student-athletes who are members of the varsity swim team; provided by a gift from Dr. Timothy P. Duffey)	60,150.00
The Hays A. Cape Dean's Innovation Fund (Used to support the activities of the faculty, students, and staff of the Fisher College of Business; provided by a gift from the estate of Hays A. Cape)	\$50,000.00
The Maryann Z. and Lawrence D. Kennedy Scholarship Fund in Pharmacy (Used to provide scholarships to students majoring in pharmacy; provided by gifts from Maryann Z. and Lawrence D. Kennedy)	\$50,000.00
The Dr. John H. Helwig Endowment Fund for Food Animal Research and Graduate Studies in Veterinary Preventive Medicine (Used to support food animal research or graduate students doing research in food animal disease or public health within the Department of Veterinary Preventive Medicine; provided by gifts from Suzanne Helwig McNutt, Joanne Jarvis Percy, alumni, family, and friends in memory of Dr. John H. Helwig)	\$35,875.00
The Jack and Nancy Moore Endowment Fund for Genetic Cancer Research (Used to support cancer research at the Comprehensive Cancer Center – The Arthur G. James Cancer Hospital and Richard J. Solove Research Institute; provided by gifts from Michael Lawrence Moore)	\$29,786.00
John D. Neesley Graduate Fellowships in Chemistry (Used to support competitive fellowships for graduate students in the Department of Chemistry; provided by gifts from John D. Neesley)	\$25,844.00
The Dr. Martha Floer Farkas Scholarship Fund (Used to support scholarships for students in the College of Veterinary Medicine interested in pursuing a career in small animal medicine; provided by gifts from Joseph N. Farkas, Joseph J. Farkas, and Belvoir Pet Hospital)	\$25,275.00
Dr. Paul E. and Anne C. Droste Music Education Scholarship Fund (Used to provide financial aid to students majoring in music education who have graduated from a Columbus Public High School; provided by gifts from Dr. Paul E. and Anne C. Droste)	\$25,132.80

November 4, 2005 meeting, Board of Trustees

The James L. Dailey 4-H Canthers Cave 4-H Fund \$25,000.00
(Used to support 4-H programs conducted at the Elizabeth L. Evanss Outdoor Education Center; provided by a gift from Ohio Valley Bank Corp.)

The Dr. Charles W. Fox Endowed Scholarship Fund \$25,000.00
(Used to support scholarships for students in the College of Veterinary Medicine interested in pursuing a career in veterinary medicine; provided by a gift from Dr. Charles W. Fox)

The George and Velma George Endowment Fund \$25,000.00
(Used to provide scholarship support to undergraduate students in the Fisher College of Business; provided by gifts from Velma B. and the late George M. George)

Charles Dodge Slagle, M.D. Medical Merit Scholarship Endowment Fund \$25,000.00
(Used to provide scholarships to first-year medical students entering the College of Medicine and Public Health; provided by gifts from family members, colleagues, and friends made in memory of the late Dr. Charles Dodge Slagle)

Change in Name and Description of Named Endowed Funds

From: The Bruce W. Erickson Distinguished Scholar Fund
To: The Bruce W. Erickson Scholarship Fund

From: The Nanette N. Hoge Scholars Fund
To: The Nanette N. Hoge Scholarship Fund

From: The Robert M. Hoge Scholars Fund
To: The Robert M. Hoge Scholarship Fund

Rescission of Named Endowed Fund

The Color World Housepainting, Inc. Athletic Scholarship Fund

Total \$516,764.80

Establishment of Named Endowed Funds

The William A. and Helen L. Berdelman Engineering Endowment Fund

The William A. and Helen L. Berdelman Engineering Endowment Fund was established November 4, 2005, by the Board of Trustees of The Ohio State University in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, with gifts from William A. Berdelman (B.C.E., 1939) and Helen L. Berdelman (B.S.Ed., 1951).

The annual distribution from this fund shall be used to commemorate William A. and Helen L. Berdelman and their desire to advance the quality of teaching and research within the University's College of Engineering. The dean of the College of Engineering will be responsible for allocating these discretionary earnings in ways to enhance the College.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

November 4, 2005 meeting, Board of Trustees

It is the desire of the donors that this fund should benefit the University in perpetuity. If, in the future, the need for this fund should cease to exist or so diminish as to provide unused distributions, then another use shall be designated by the Board of Trustees and Foundation Board as recommended by the dean of the College of Engineering. Any such alternate distributions shall be made in a manner as nearly aligned with the original intent of the donors as good conscience and need dictate.

Amount Establishing Endowment: \$114,702.00

Timothy P. and Colleen C. Duffey Swimming Scholarship Fund

The Timothy P. and Colleen C. Duffey Swimming Scholarship Fund was established November 4, 2005, by the Board of Trustees of The Ohio State University in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, with a gift from Dr. Timothy P. Duffey (B.S., 1977).

The annual distribution from this fund shall be used to supplement the grant-in-aid scholarship costs of a student-athlete who is pursuing an undergraduate degree at The Ohio State University and is a member of the varsity swim team. Scholarship recipients will be selected by the director of Athletics in consultation with the Office of Student Financial Aid.

In any given year that the endowment distribution is not fully expended, the unused portion should be reinvested in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donor that this fund should benefit the University in perpetuity. If, in the future, the need for this fund should cease to exist or so diminish as to provide unused distributions, then another use shall be designated by the Board of Trustees and Foundation Board as recommended by the director of Athletics. Any such alternate distributions shall be made in a manner as nearly aligned with the original intent of the donor as good conscience and need dictate.

Amount Establishing Endowment: \$60,150.00

The Hays A. Cape Dean's Innovation Fund

The Hays A. Cape Dean's Innovation Fund was established November 4, 2005, by the Board of Trustees of The Ohio State University in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, with a gift from the estate of Hays A. Cape (B.S.Bus.Adm., 1930).

The annual distribution from this fund shall be used to support the activities of the faculty, students, and staff of The Max M. Fisher College of Business in accordance with the strategic plans of the College as approved by the dean.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

November 4, 2005 meeting, Board of Trustees

It is the desire of the donor that this fund should benefit the University in perpetuity. If, in the future, the need for this fund should cease to exist or so diminish as to provide unused distributions, then another use shall be designated by the Board of Trustees and Foundation Board as recommended by the dean of the Fisher College of Business. Any such alternate distributions shall be made in a manner as nearly aligned with the original intent of the donor as good conscience and need dictate.

Amount Establishing Endowment: \$50,000.00

The Maryann Z. and Lawrence D. Kennedy Scholarship Fund in Pharmacy

The Maryann Z. and Lawrence D. Kennedy Scholarship Fund in Pharmacy was established November 4, 2005, by the Board of Trustees of The Ohio State University in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, with gifts from Maryann Z. (B.S., 1978) and Lawrence D. Kennedy of Solon, Ohio.

The annual distribution from this fund shall be awarded to a student majoring in pharmacy who maintains a minimum 2.5 grade point average, has demonstrated financial need, and has a Free Application for Federal Student Aid (FAFSA) on file. Scholarships will be awarded by the College of Pharmacy in consultation with the Office of Student Financial Aid.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donors that this fund should benefit the University in perpetuity. If, in the future, the need for this fund should cease to exist or so diminish as to provide unused distributions, then another use shall be designated by the Board of Trustees and Foundation Board as recommended by the dean of the College of Pharmacy. Any such alternate distributions shall be made in a manner as nearly aligned with the original intent of the donors as good conscience and need dictate.

Amount Establishing Endowment: \$50,000.00

The Dr. John H. Helwig Endowment Fund for Food Animal Research and Graduate Studies in Veterinary Preventive Medicine

The Dr. John H. Helwig Endowment Fund for Food Animal Research and Graduate Studies in Veterinary Preventive Medicine was established November 4, 2005, by the Board of Trustees of The Ohio State University in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, with gifts from Suzanne Helwig McNutt (B.A., 1961), Joanne Jarvis Percy (B.S.Ed., 1964), alumni, family, and friends, in memory of Dr. John H. Helwig (D.V.M, 1937; M.S., 1939).

The annual distribution from this fund shall be used to provide monies for food animal research or to support graduate students doing research in food animal disease or public health within the Department of Veterinary Preventive Medicine. Allocation of funds shall be determined by the chairperson of the Department of Veterinary Preventive Medicine. Student scholarships shall be awarded in consultation with the Office of Student Financial Aid.

November 4, 2005 meeting, Board of Trustees

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donors that this fund should benefit the University in perpetuity. If, in the future, the need for this fund should cease to exist or so diminish as to provide unused distributions, then another use shall be designated by the Board of Trustees and Foundation Board as recommended by the dean of the College of Veterinary Medicine in consultation with the donor or the donor's designee. Any such alternate distributions shall be made in a manner as nearly aligned with the original intent of the donors as good conscience and need dictate.

Amount Funding Endowment: \$35,875.00

The Jack and Nancy Moore Endowment Fund for Genetic Cancer Research

The Jack and Nancy Moore Endowment Fund for Genetic Cancer Research at the Comprehensive Cancer Center – The Arthur G. James Cancer Hospital and Richard J. Solove Research Institute was established November 4, 2005, by the Board of Trustees of The Ohio State University in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, with gifts from Michael Lawrence Moore (B.S., 1976; M.D., 1979; M.B.A., 2004), M.D., FACP, of Dublin, Ohio.

The annual distribution from this fund shall be used to support cancer research at the Comprehensive Cancer Center – The Arthur G. James Cancer Hospital and Richard J. Solove Research Institute at The Ohio State University as approved by the senior executive director of The Arthur G. James Cancer Hospital and Richard J. Solove Research Institute, the director of the Comprehensive Cancer Center, and the senior vice president for Health Sciences and dean of the College of Medicine and Public Health. Any unused distribution shall be returned to the principal of this fund.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donor that this fund should benefit the University in perpetuity. If, in the future, the need for this fund should cease to exist or so diminish as to provide unused distributions, then another use shall be designated by the Board of Trustees and Foundation Board as recommended by the senior executive director of The Arthur G. James Cancer Hospital and Richard J. Solove Research Institute, the director of the Comprehensive Cancer Center, and the senior vice president for Health Sciences and dean of the College of Medicine and Public Health. Any such alternate distributions shall be made in a manner as nearly aligned with the original intent of the donor as good conscience and need dictate.

Amount Establishing Endowment: \$29,786.00

November 4, 2005 meeting, Board of Trustees

John D. Neesley Graduate Fellowships in Chemistry

The John D. Neesley Graduate Fellowships in Chemistry was established November 4, 2005, by the Board of Trustees of The Ohio State University in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, with gifts from John D. Neesley (B.S., 1948).

The annual distribution from this fund shall be used to support competitive fellowships for graduate students in the Department of Chemistry. The competitive process will be determined by the chairperson of the Department of Chemistry or a designee.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donor that this fund should benefit the University in perpetuity. If, in the future, the need for this fund should cease to exist or so diminish as to provide unused distributions, then another use shall be designated by the Board of Trustees and Foundation Board as recommended by the chairperson of the Department of Chemistry. Any such alternate distributions shall be made in a manner as nearly aligned with the original intent of the donor as good conscience and need dictate.

Amount Establishing Endowment: \$25,844.00

The Dr. Martha Floer Farkas Scholarship Fund

The Dr. Martha Floer Farkas Scholarship Fund was established November 4, 2005, by the Board of Trustees of The Ohio State University in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, with gifts from her husband, Joseph N. Farkas (B.S.Agr., 1962; D.V.M., 1964), her son Joseph J. Farkas (D.V.M., 1995), and Belvoir Pet Hospital of South Euclid, Ohio.

The annual distribution from this fund shall be used to support one (1) scholarship for a student at the College of Veterinary Medicine interested in pursuing a career in small animal medicine. First preference will be given to students in these counties in the following order: Cuyahoga and Hamilton. If a student from one of these counties is not eligible then the most qualified student from any county in Ohio may be selected. Recipients will be selected by the dean of the College of Veterinary Medicine in consultation with the associate dean for Student Affairs and the Office of Student Financial Aid.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donors that this fund should benefit the University in perpetuity. If, in the future, the need for this fund should cease to exist or so diminish as to provide unused distributions, then another use shall be designated by the Board of Trustees and Foundation Board as recommended by the dean of the College of Veterinary Medicine. Any such alternate distributions shall be

November 4, 2005 meeting, Board of Trustees

made in a manner as nearly aligned with the original intent of the donors as good conscience and need dictate.

Amount Establishing Endowment: \$25,275.00

Dr. Paul E. and Anne C. Droste Music Education Scholarship Fund

The Dr. Paul E. and Anne C. Droste Music Education Scholarship Fund was established November 4, 2005, by the Board of Trustees of The Ohio State University in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, with gifts from Dr. Paul E. (B.S.Ed., 1958) and Anne C. (B.S.Ed., 1964; M.A., 1968) Droste.

The annual distribution from this fund shall provide financial aid to students majoring in music education who have graduated from a Columbus Public High School. Scholarship recipients will be selected by the head of Music Education as recommended by the director of the School of Music in consultation with the Office of Student Financial Aid.

In any given year that the endowment distribution is not fully expended, the unused portion should be reinvested in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donors that this fund should benefit the University in perpetuity. If, in the future, the need for this fund should cease to exist or so diminish as to provide unused distributions, then another use shall be designated by the Board of Trustees and Foundation Board as recommended by the head of Music Education in consultation with the director of the School of Music. Any such alternate distributions shall be made in a manner as nearly aligned with the original intent of the donors as good conscience and need dictate.

Amount Establishing Endowment: \$25,132.80

The James L. Dailey 4-H CanTERS Cave 4-H Fund

The James L. Dailey 4-H CanTERS Cave 4-H Fund was established November 4, 2005, by the Board of Trustees of The Ohio State University in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, with a gift from the Ohio Valley Bank Corp (OVBC) of Gallipolis, Ohio, upon James Dailey's retirement as chairman of the board of OVBC.

The annual distribution from this fund shall be used to support 4-H programs conducted at the Elizabeth L. Evans Outdoor Education Center (CanTERS Cave 4-H Camp) as recommended by the CanTERS Cave 4-H Camp Board in consultation with the associate vice president and director of OSU Extension and the assistant director for 4-H Youth Development. Preference shall be given to but not limited to implementation of a Youth in Philanthropy Camp and to need-based scholarships to support educational diversity at the camp, consistent with the camp's mission.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be

November 4, 2005 meeting, Board of Trustees

assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donor that this fund should benefit the University in perpetuity. If, in the future, the need for this fund should cease to exist or so diminish as to provide unused distributions, then another use shall be designated by the Board of Trustees and Foundation Board as recommended by the associate vice president and director of OSU Extension and the assistant director for 4-H Youth Development. Any such alternate distributions shall be made in a manner as nearly aligned with the original intent of the donor as good conscience and need dictate.

Amount Establishing Endowment: \$25,000.00

The Dr. Charles W. Fox Endowed Scholarship Fund

The Dr. Charles W. Fox Endowed Scholarship Fund was established November 4, 2005, by the Board of Trustees of The Ohio State University in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, with a gift from Dr. Charles W. Fox, (D.V.M., 1939) from Elyria, Ohio.

The annual distribution from this fund shall be used to support one (1) scholarship for a student at the College of Veterinary Medicine interested in pursuing a career in veterinary medicine. Recipients will be selected by the dean of the College of Veterinary Medicine in consultation with the associate dean for Student Affairs and the Office of Student Financial Aid.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donor that this fund should benefit the University in perpetuity. If, in the future, the need for this fund should cease to exist or so diminish as to provide unused distributions, then another use shall be designated by the Board of Trustees and Foundation Board as recommended by the dean of the College of Veterinary Medicine. Any such alternate distributions shall be made in a manner as nearly aligned with the original intent of the donor as good conscience and need dictate.

Amount Establishing Endowment: \$25,000.00

The George and Velma George Endowment Fund

The George and Velma George Endowment Fund was established November 4, 2005, by the Board of Trustees of The Ohio State University in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, with gifts from Velma B. and the late George M. George of Blacklick, Ohio, in tribute to Dr. John K. Pfahl (M.B.A., 1949; Ph.D., 1953).

The annual distribution from this fund shall be used to provide scholarship support to an undergraduate student(s) in The Max M. Fisher College of Business. Selection of the recipient(s) shall be made by the director of the Undergraduate Programs Office with formal approval by the dean of the Fisher College of Business in consultation with the Office of Student Financial Aid.

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The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donors that this fund should benefit the University in perpetuity. If, in the future, the need for this fund should cease to exist or so diminish as to provide unused distributions, then another use shall be designated by the Board of Trustees and Foundation Board as recommended by the dean of the Fisher College of Business. Any such alternate distributions shall be made in a manner as nearly aligned with the original intent of the donors as good conscience and need dictate.

Amount Establishing Endowment: \$25,000.00

Charles Dodge Slagle, M.D. Medical Merit Scholarship Endowment Fund

The Charles Dodge Slagle, M.D. Medical Merit Scholarship Endowment Fund was established November 4, 2005, by the Board of Trustees of The Ohio State University in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, with gifts from family members, colleagues, and friends; and made in memory of the late Dr. Charles Dodge Slagle (Starling Medical College, Class of 1897) of Centerville, Ohio.

The annual distribution from this fund shall be used to provide one or more scholarships to first-year medical students entering the College of Medicine and Public Health. The selection of the recipients shall be based on merit and shall be made at the recommendation of the senior vice president for Health Sciences and dean of the College of Medicine and Public Health in consultation with the College of Medicine and Public Health Committee for Scholarship Awards and with the Office of Student Financial Aid.

In any given year that the endowment distribution is not fully expended, the unused portion should be reinvested in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donors that this fund should benefit the University in perpetuity. If, in the future, the need for this fund should cease to exist or so diminish as to provide unused distributions, then another use shall be designated by the Board of Trustees and Foundation Board as recommended by the senior vice president for Health Sciences and dean of the College of Medicine and Public Health. Any such alternate distributions shall be made in a manner as nearly aligned with the original intent of the donors as good conscience and need dictate.

Amount Establishing Endowment: \$25,000.00

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Change in Name and Description of Named Endowed Funds

The Bruce W. Erickson Scholarship Fund

The Bruce W. Erickson Distinguished Scholar Fund was established June 7, 2002, by the Board of Trustees of The Ohio State University in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, with gifts through the Nanette N. and Robert M. Hoge Fund at the Columbus Foundation in memory of Bruce W. Erickson (B.S., 1963). The name and description were revised November 4, 2005, at the request of Mr. Robert Hoge (B.S., 1965; M.B.A., 1966) and Mrs. Nanette Hoge (B.S., 1965 – cum laude; B.S., 1967 – cum laude).

The annual distribution from this fund shall be used to provide merit scholarships (University, Tradition, Medalist, Distinguished, Presidential) to a student enrolled in the College of Mathematical and Physical Sciences. The recipient will be selected by the University Honors and Scholars Center in consultation with the Office of Student Financial Aid.

Scholarships will be awarded at the highest merit scholarship award level possible. In any given year that the endowment distribution is not fully expended, the unused portion should be reinvested in the endowment principal. Each scholarship recipient will continue through 12 quarters of receipt so long as he or she maintains academic eligibility as required by the University Honors and Scholars Center.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donor that this fund should benefit the University in perpetuity. If, in the future, the need for this fund should cease to exist or so diminish as to provide unused distributions, then another use shall be designated by the Board of Trustees and Foundation Board as recommended by the associate provost in the University Honors and Scholars Center. Any such alternate distributions shall be made in a manner as nearly aligned with the original intent of the donor as good conscience and need dictate.

The Nanette N. Hoge Scholarship Fund

The Nanette N. Hoge Scholars Fund was established March 3, 2000, by the Board of Trustees of The Ohio State University in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, with gifts through the Nanette N. and Robert M. Hoge Fund at the Columbus Foundation. The name and description were revised November 4, 2005, at the request of Mr. Robert Hoge (B.S., 1965; M.B.A., 1966) and Mrs. Nanette Hoge (B.S., 1965 – cum laude; B.S., 1967 – cum laude).

The annual distribution from this fund shall be used to provide merit scholarships (University, Tradition, Medalist, Distinguished, Presidential) with preference given to a student enrolled in one of the following colleges (in this order): College of Mathematical and Physical Sciences, College of Biological Sciences, College of Engineering, and The Max M. Fisher College of Business. The recipient will be selected by the University Honors and Scholars Center in consultation with the Office of Student Financial Aid.

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Scholarships will be awarded at the highest merit scholarship award level possible. In any given year that the endowment distribution is not fully expended, the unused portion should be reinvested in the endowment principal. Each scholarship recipient will continue through 12 quarters of receipt so long as he or she maintains academic eligibility as required by the University Honors and Scholars Center.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donor that this fund should benefit the University in perpetuity. If, in the future, the need for this fund should cease to exist or so diminish as to provide unused distributions, then another use shall be designated by the Board of Trustees and Foundation Board as recommended by the associate provost in the University Honors and Scholars Center. Any such alternate distributions shall be made in a manner as nearly aligned with the original intent of the donor as good conscience and need dictate.

The Robert M. Hoge Scholarship Fund

The Robert M. Hoge Scholars Fund was established July 11, 2003, by the Board of Trustees of The Ohio State University in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, with gifts through the Nanette N. and Robert M. Hoge Fund at the Columbus Foundation. The name and description were revised November 4, 2005, at the request of Mr. Robert Hoge (B.S., 1965; M.B.A., 1966) and Mrs. Nanette Hoge (B.S., 1965 – cum laude; B.S., 1967 – cum laude).

The annual distribution from this fund shall be used to provide merit scholarships (University, Tradition, Medalist, Distinguished, Presidential) with preference given to a student enrolled in one of the following colleges (in this order): College of Engineering, The Max M. Fisher College of Business, College of Mathematical and Physical Sciences, and College of Biological Sciences. The recipient will be selected by the University Honors and Scholars Center in consultation with the Office of Student Financial Aid.

Scholarships will be awarded at the highest merit scholarship award level possible. In any given year that the endowment distribution is not fully expended, the unused portion should be reinvested in the endowment principal. Each scholarship recipient will continue through 12 quarters of receipt so long as he or she maintains academic eligibility as required by the University Honors and Scholars Center.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donor that this fund should benefit the University in perpetuity. If, in the future, the need for this fund should cease to exist or so diminish as to provide unused distributions, then another use shall be designated by the Board of Trustees and Foundation Board as recommended by the associate provost in the University Honors and Scholars Center. Any such alternate distributions shall be made in a manner as nearly aligned with the original intent of the donor as good conscience and need dictate.

WAIVERS OF COMPETITIVE BIDDING REQUIREMENTS

Resolution No. 2006-55

JULY - SEPTEMBER 2005

Synopsis: Acceptance of the quarterly report on waivers of competitive bidding requirements is proposed.

WHEREAS the Purchasing Policy of The Ohio State University adopted by the Board of Trustees on September 7, 1984, and revised on February 7, 1992, July 8, 1994, November 7, 1997, and March 1, 2002 provides that the President and/or the Senior Vice President for Business and Finance, or for the Hospitals of the University and their related facilities, the Vice President for Health Services, may grant a waiver from competitive bidding in the event of an emergency, when a sufficient economic reason exists or when the goods or services can be purchased from only a single source, with a report on such waivers to be made quarterly to this Board; and

WHEREAS the Senior Vice President for Business and Finance has submitted a report on waivers of competitive bidding requirements granted for the period of July – September 2005; and

WHEREAS during the period covered, the Senior Vice President for Business and Finance, at the requests of the departments making the purchases and upon the recommendation of the Purchasing Department, granted 96 waivers of competitive bidding requirements for annual purchases totaling approximately \$13,307,747 as shown on the enclosed exhibit; and

WHEREAS during the period covered, the Vice President for Health Services, at the requests of the Hospitals of the University and their related facilities making purchases, granted 56 waivers of competitive bidding requirements for annual purchases totaling approximately \$27,644,232 as shown on the enclosed exhibit:

NOW THEREFORE

BE IT RESOLVED, That the report on waivers of competitive bidding requirements for the period of July – September 2005, is hereby accepted.

(See Appendix XXIII for background information, page 601.)

**EMPLOYMENT OF EXECUTIVE ARCHITECT/ENGINEERS, PROGRAMMING
AND CONSTRUCTION MANAGEMENT SERVICES**

Resolution No. 2006-56

**MEDICAL CENTER FACILITY MASTER PLAN -
CLINICAL EXPANSION PROJECTS**

Synopsis: Authorization to contract for executive architect/engineering, programming and construction management services for the Medical Center Facility Master Plan - Clinical Expansion projects is requested.

WHEREAS the Medical Center Facility Master Plan is a strategic initiative that will create a unique physical and intellectual environment that will enable the Medical Center to expand its services in meeting its research, clinical and education missions to achieve parity with top-quartile academic medical centers nationwide; and

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WHEREAS the Facility Master Plan proposes Clinical Expansion projects currently envisioned to consist of the South Cannon Garage replacement and other parking facilities, MRI relocation, diagnostic and therapeutic building, in-patient cancer tower, and site infrastructure and faculty office projects, with an estimated total project cost of \$780 million, with funding to be provided through University bond proceeds, with debt service to be paid by the Medical Center; and

WHEREAS to pursue this plan, the University desires to enter into contracts for design, programming, phasing, costs projection and implementation planning guidance for further development of the clinical program, and the estimated total costs for these design, programming, and related services is expected to be up to \$20 million, with funding to be provided through University bond proceeds, with debt service to be paid by the Medical Center; and

WHEREAS the University desires to select design, programming, and construction management professionals now to provide all of these services but at the present time is seeking approval for expenditure of no more than \$10 million for such services, with a request for authorization for services of up to an additional \$10 million to be submitted at a later time; and

WHEREAS the University will finalize the business, parking, and infrastructure plans for these Clinical Expansion projects before seeking Board of Trustees authorization to enter into individual project design and/or construction contracts; and

WHEREAS at its September 23, 2005 meeting, the Board of Trustees authorized the University to begin the selection process for these professional services:

NOW THEREFORE

BE IT RESOLVED, That the President and/or Senior Vice President for Business and Finance be authorized to select qualified executive architectural/engineering, programming, and construction management firms as necessary for these Medical Center Facility Master Plan - Clinical Expansion projects, provided that no more than approximately \$225 million in additional University debt capacity be used for these projects through FY 2007; and

BE IT FURTHER RESOLVED, That the University is authorized to spend up to \$10 million for these executive design and planning services and that any additional expenditure for these services shall require subsequent authorization from this Board; and

BE IT FURTHER RESOLVED, That design and construction for specific projects within the Clinical Expansion projects shall require separate Board of Trustees authorization, provided that no authorization for construction contracts is to be submitted to the Board until a comprehensive business plan is approved by the University.

(See Appendix XXIV for background information and map, page 603.)

**APPROVAL TO ENTER INTO FEASIBILITY STUDY, DESIGN, AND
CONSTRUCTION CONTRACTS**

Resolution No. 2006-57

APPROVAL TO ENTER INTO FEASIBILITY STUDY CONTRACTS
CENTER FOR AUTOMOTIVE RESEARCH (CAR) FEASIBILITY STUDY

APPROVAL TO ENTER INTO DESIGN CONTRACTS
9TH AVENUE PARKING GARAGE RENOVATION
BAKER SYSTEMS ENGINEERING ROOF REPLACEMENT
INCREASE CAMPUS ELECTRIC CAPACITY PHASE I
(THIRD TRANSFORMER)
OHIO UNION GARAGE RENOVATION AND EXPANSION
POSTLE HALL PARTIAL WINDOW REPLACEMENT

APPROVAL TO ENTER INTO CONSTRUCTION CONTRACTS
NORTH DOAN HALL – NON-CLINICAL ADDITION
WILCE STUDENT HEALTH – DENTAL CLINIC RENOVATION

Synopsis: Authorization to enter into contracts for a feasibility study, design, construction management and construction contracts for the projects listed, as detailed in the attached materials, is requested.

WHEREAS in accordance with the attached materials, the University desires to undertake, and enter into a feasibility study contract for, the following project:

Center for Automotive Research (CAR)	\$0.02M	departmental funds
Feasibility Study (N/A)*		

WHEREAS in accordance with the attached materials, the University desires to undertake, and enter into design contracts for, the following projects:

9 th Avenue Parking Garage Renovation (07-08 capital request)	\$2.00-4.00M	2007 bond proceeds
Baker Systems Engineering Roof Replacement (05-06 capital request)	\$0.50M	state funds
Increase Campus Electric Capacity Phase I Third Transformer) (07-08 capital request)	\$7.00M	2007 bond proceeds
Ohio Union Garage Rehabilitation and Expansion (07-08 capital request)	\$17.00M	future bond proceeds
Postle Hall Partial Window Replacement (05-06 capital request)	\$0.63M	state funds

WHEREAS in accordance with the attached materials, the University desires to enter into construction contracts for the following projects:

North Doan Hall – Non-Clinical Addition (07-08 capital request)	\$35.90M	Hospital operating funds
Wilce Student Health – Dental Clinic Renovation (07-08 capital request)	\$0.51M	Student Affairs operating funds

*Parentheses indicates the biennial capital request or other action by the Board of Trustees to authorize the capital project; renovation projects funded by internal office or departmental funds that are noted as "N/A" have not had separate capital project authorization because of their smaller size.

NOW THEREFORE

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BE IT RESOLVED, That the President and/or Senior Vice President for Business and Finance be authorized to enter into feasibility study, design and construction contracts, as indicated, for the projects listed above in accordance with established University and State of Ohio procedures, with all actions to be reported to the Board at the appropriate time.

(See Appendix XXV for background information and maps, page 605.)

**ADOPTION OF THE MEDICAL CENTER FACILITY MASTER PLAN
AND PROJECT CANCER**

Resolution No. 2006-58

Synopsis: Adoption of the proposed 2005 Medical Center Facility Master Plan and Project Cancer Expansion is requested.

WHEREAS the Board of Trustees recognizes that planning for the University's Medical Center facilities and physical environment is a valuable and critical requirement for accomplishing the University's mission and enhancing the quality of life for our students, faculty, staff, visitors, patients and their families, and neighbors; and

WHEREAS the Medical Center, in consultation with the University Architect's Office, has coordinated a review of its Facility Master Plan, with participants from affected University constituencies and an external review team; and

WHEREAS the resulting plan contains recommended policy, technical, and data-gathering actions to strengthen the master plan implementation efforts; and

WHEREAS the appropriate University offices have reviewed the proposed 2005 Medical Center Facility Master Plan and recommend its adoption:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby adopts the proposed 2005 Medical Center Facility Master Plan.

(See Appendix XXVI for background information and map, page 617.)

ACCEPTANCE OF THE REPORT OF AUDIT FOR 2004-05

Resolution No. 2006-59

Synopsis: The report of the audit of the financial statements for The Ohio State University for 2004-05 conducted by Deloitte & Touche is recommended for acceptance.

WHEREAS, with the approval of the Auditor of State, The Ohio State University entered into a four-year agreement with Deloitte & Touche in March 2002 for an annual audit of the University for fiscal years 2001-02 through 2004-05; and

WHEREAS the Deloitte & Touche audit of the University for 2004-05, meeting the requirements of the Auditor of State, has been received and the accounts, records, files, and reports of the University have been found to be in satisfactory condition, and certain constructive service comments have been discussed with the Audit Committee; and appropriate procedures and responses are being developed as a result of these comments:

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NOW THEREFORE

BE IT RESOLVED, That the report of the Deloitte & Touche audit for The Ohio State University for 2004-05, including the report on the audit of the University's financial statements and the summary of constructive service comments to management, be accepted.

Upon motion of Mr. McFerson, seconded by Mrs. Davidson, the Board of Trustees adopted the foregoing resolutions with eight affirmative votes, cast by Messrs. Slane, McFerson, Borrer, O'Dell, Hicks, and Schottenstein, Meses. Hendricks and Davidson, and one abstention cast by Judge Duncan.

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NEW STUDENT PROFILES AT OSU

Provost Barbara R. Snyder:

As Mr. Borrer, chair of Academic and Student Affairs, mentioned earlier, I spoke this morning about graduate and undergraduate education and what we need to do to make our very strong programs among the very best in the world, and about the challenges involved in implementing those changes. Now I want you to hear about the students for whom these programs are designed. I think you will see why we have that commitment to making that change and think you will be as proud as I am to welcome these outstanding students to our University.

Before we begin, I would like to say something about our professional programs, because they are not part of the presentation today. As you heard from the president of IPC, the professional programs actually do their own admissions. President Holbrook has already delivered this wonderful news in her State of the University address, but for those of you who were not able to be there, I would like to note that the College of Dentistry, the Moritz College of Law, and the College of Medicine and Public Health welcomed this year their best prepared classes ever. I want to acknowledge the leadership of Dean Jan Kronmiller, from the College of Dentistry, Dean Nancy Rogers, from the Moritz College of Law, and Dean Fred Sanfilippo, from the College of Medicine and Public Health.

Also, the College of Veterinary Medicine welcomed its most diverse class ever and that is a wonderful accomplishment for that college. I would like to acknowledge the leadership of Interim Dean John Hubbell and Dean Tom Rosol in bringing in that great class.

It is my privilege to introduce three of our most outstanding academic leaders to talk to you about the quality of our incoming graduate and undergraduate students. To my right is vice provost and dean for Undergraduate Studies Martha Garland. To her right is assistant vice president for Admissions and the First Year Experience Mabel Freeman, and interim dean of the Graduate School and vice provost for Academic Policy and Faculty Resources Carole Anderson.

Dr. Martha M. Garland:

Chairman, it is a delight to hear from our students as we did earlier and it is wonderful for us to have the opportunity to tell you that more of them are coming and we know exactly how many. We are very proud of our effectiveness in managing our enrollment and in the direction of increased preparation levels and excellence.

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This work is done by a combination of lots of people all across the campus but key to the undergraduate piece of it is Dr. Mabel Freeman from the Office of Undergraduate Admissions and First Year Experience and she will tell you about the incoming first year class.

Dr. Mabel G. Freeman:

Thank you very much. We are in the midst of what we call the "2008 Plan" to continue to improve the quality of the incoming freshman class. That plan asks that we bring in 5,800 freshman per year. Last year we went a little bit too much over that with a couple hundred extra, but this year we almost hit it on the nose – we welcomed a class of 5,860 – so we are very excited. That 5,800 is based on the continuing growth and the retention of upper class students so that we maintain our undergraduate population.

In the class that just arrived, 39%, almost four out of ten students, graduated in the top 10% of their high school class. That is a jump – last year that was 35% from the top 10%. Last year in the class of 2004, we had 71% coming out of the top 25% of their high school class. This year we jumped to 77% who finished in the top quartile of their high school class.

We can talk about an average ACT; it went up another two-tenths of a point to 25.8. I would tell you that 75% of the freshman had a 24 or above on the ACT and I would point out that the average ACT in Ohio is a 21.2. That also will tell you of a challenge that we have down the road.

The number of University Scholars – those are our students who typically are in the top 3% of their high school class and have at least a 29 on the ACT or a 1300 SAT – jumped by 100 students this year. We had 721 University Scholars last year in the class; this year we have 821 of those same caliber students in the class.

I think we have gotten back on the right direction as far as the diversity of the class, after our 2003 realities with the Michigan Supreme Court decision. This year we were able to increase the number of African American students, the number of Hispanic students, and the number of Native American students. We want to do more. Approximately 16.5% of the class are students of color in this year's freshman class and we want to continue on that.

This past year was our first year to work with international undergraduate admissions. While our numbers went down, we have a very small number of international undergraduate students – only 75. We think we have created a plan to get that number moving again. Our international recruitment involves both domestic and foreign internationals. We have students who are in this country whose parents are foreign internationals who actually we view as a domestic international student. In addition, we have for the first time in many years on this campus finally sent a counselor abroad this fall to do some laying of some new groundwork. So I think we are going to see that go up.

The other statistic I wanted to give you has to do with remedial placement and I am going to give you a 10-year comparison. Ten years ago in the freshman class of 1995 -- a class of almost the same size, 5,794 -- 23% of the class had to take a remedial math course. In this year's class, 4.4% placed at a remedial level. That makes a huge difference in our educational patterns.

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We have seen a similar improvement – about 4% of the class 10 years ago placed in intensive English, a form of remedial English. This year, it is just 1.3% of the class. The English Department has had a way of trying to keep that pretty balanced over the years.

So we know that these are students who are coming in much better in their preparation to be here at this type of institution. The biggest way we know that is that this year we welcomed back as sophomores 89.7% -- and I go along with the President who rounds that up to 90% -- of last year's freshman. Ten years ago, that was a 79% figure. In the nation, the average for university freshmen returning for their sophomore year hovers around 75-76%. So we hit almost 90% this year.

That is a factor of bringing in better prepared students, this campus offering better academic advising, and offering programs like the freshman seminars. I would like to toot our own horn and say that a lot of that has to do with the First Year Experience and some of the ways we are taking care of our freshmen. It is also a factor of buildings like the one we are sitting in. The shifting in some of our physical facilities, the John Glenn Institute, the renovations of Page and Hagerty Halls, that makes a difference to students really enjoying their campus experience. All of these things together have reflected in this class.

Looking ahead very quickly, we have big challenges. The State of Ohio and its K-12 education system directly impact our ability to continue to bring in well-prepared students because 86% of our freshman class are Ohio students this year. We also know that the rest of our friends around the state and around the Big Ten are not sleeping. They are very aware of what we are doing and literally some of our programs are being copied right down to almost the names of them within the state. I suppose we should be flattered, but that keeps us moving right along, too.

Thank you very much.

Dr. Carole A. Anderson:

Good morning. Unlike undergraduate admissions, graduate enrollment on this campus is very decentralized to the more than 100 graduate programs including many of the demographics. As of fall, we had slightly over 10,000 graduate students – 10,172. That is a decrease of almost 4% from last year.

We admitted 2,248 new students to campus. That is a decrease of 7.4%. Accounting for a lot of that is the decrease in international admissions, which decreased 16%. We are not quite sure what is happening. We have a few ideas, but we do not know.

Several colleges experienced decreased enrollment of graduate students in the 5-10% range. They are the Colleges of: Engineering; Food, Agricultural, and Environmental Sciences; Education; Humanities; Pharmacy; Arts; and Human Ecology. We have not been able to drill down to find out what is responsible for that, but there are some things that I think point to that.

One is the economy is picking up a little bit and when that happens graduate enrollment tends to go down a little bit. England and Australia are heavily recruiting international students from the Far East. They are being very aggressive in recruiting them. China and India are investing very heavily in their own higher education systems and more international students are staying home and not coming here. Of course you all know about some of the problems that we have had with students getting visas

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and it is easier for them to go to Europe or Australia than it is to come here. Those are some of the reasons that international enrollment is going down.

Provost Snyder mentioned earlier about an increased emphasis on graduate education which is one of the primary initiatives this year. I think what you are going to be hearing about in the next several years is a lot about graduate education on this campus, particularly the quality of graduate education as well as the funding.

We spent the last several years working on undergraduate quality and a lot of central control and programming, and it obviously has been very successful. We really have not done that with graduate education. It has been up to the 100 programs. There is virtually no central control over how many or the quality of the students who are admitted into the program beyond the bare minimum.

The National Research Council will be conducting its review of graduate programs beginning in the spring and fall. Ohio State has signed on to participate in a Ph.D. completion study sponsored by the Council on Graduate Schools funded by the Ford Foundation. We will be having University accreditation with a focus on graduate education and we will also be getting program review of graduate programs.

All of those are tied to quality assessment and the push to increase the quality of our graduate students. This is a very important initiative because graduate students are essential to faculty and their research programs and the quality of graduate students is directly proportionate to the ability to attract high-quality faculty. This is a very important initiative for the University at this time. We need to get better information about our graduate programs and graduate students, and the quality of those and those variables.

Mr. Slane:

Thank you very much. Very impressive. Any questions?

Mr. Hicks:

Are benchmark schools seeing the same reductions in international enrollment? Is that 16% pretty much across-the-board?

Dr. Anderson:

I am not sure about that. We do not have all that information yet, but we know nationally it has gone down. We have not had as much of a decrease as some of the other schools, but it is going down nationally.

Mr. Hicks:

How well do we recruit versus our benchmark in international students? Do we put forth approximately the same or less effort?

Dr. Anderson:

One of my enlightenments since April has been that our programs probably do not do much recruitment. It is much like undergraduate was 10 or 15 years ago. We were not doing recruitment very vigorously. The University of Michigan and several other universities, for example, have opened up

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offices in China and the Far East. So we really need to begin to think about that. It has really been handled at the program-level where there is a wide variety of recruitment. There is no centralized recruitment.

Mr. McFerson:

Four years ago when Dr. Holbrook joined us, she said she was going to emphasize undergraduate education and you can really see some very strong results here. I, for one, congratulate you. All that translates into a better graduation rate and we just saw those numbers here recently. A few years from now when these kids start graduating, those numbers are going to shoot up dramatically. I think it will really start sending the message that Ohio State is a great place to go. I think these are terrific numbers.

As a guy that works in K-12 in my other job, I take this information back to our high school folks and keep telling them we have to do a better and better job if we are going to have our best students qualify for Ohio State.

So you keep raising the bar and it allows us, in K-12, to keep raising the bar as well, because that is how it works.

President Holbrook:

Carole, you may want to augment this, but we will be having a CIC meeting on campus in December on international education and are bringing in two stars: 1) Allan Goodman, president and CEO of the Institute for International Education; and 2) Peter McGrath from NASULGC. The idea is to get people talking about international education and what we can all do to help each other and to get better.

Mr. Slane:

Great job. Thank you very much.

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Mr. Slane:

In a moment we are going to take a roll call vote to go into Executive Session for the purpose of dealing with legal matters; that vote will conclude all formal Board action for the day beyond adjourning the Board meeting after the Executive Session.

After the vote to go into Executive Session, we shall take a recess for lunch before beginning that session. For those who may not wish to stay until the Board completes its Executive Session, I remind you that the next meeting of the Board will take place on Friday, December 2, 2005, at the Longaberger Alumni House.

I hereby move that the Board recess into Executive Session for the purpose of consulting with legal counsel regarding pending or imminent litigation.

Upon motion of Mr. Slane, seconded by Mr. Hicks, the Board of Trustees adopted the foregoing motion by unanimous roll call vote, cast by Messrs. Slane, McFerson, Borrer, O'Dell, Hicks, Schottenstein, Judge Duncan, and Meses. Hendricks and Davidson.

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November 4, 2005 meeting, Board of Trustees

Thereupon the Board adjourned to meet Friday, December 2, 2005, at The Ohio State University, Longaberger Alumni House, Columbus, Ohio.

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Attest:

Daniel M. Slane
Chairman

David O. Frantz
Secretary

IMPACT STATEMENT
THE OHIO STATE UNIVERSITY HOSPITAL
MEDICAL STAFF BYLAWS AND RULES AND REGULATIONS

AMENDMENTS APPROVED BY MEDICAL STAFF
ADMINISTRATIVE COMMITTEE AUGUST 10, 2005
AND THE UNIVERSITY HOSPITAL BOARD SEPTEMBER 22, 2005

I. MEDICAL STAFF BYLAWS

- A. Clarified role of attending physician regarding supervision of other licensed healthcare professionals.
- B. Modified Podiatric Privileges to allow podiatrists to admit patients as recently permitted by state law.
- C. Added new department.
- D. Clarified immunization requirement.

II. MEDICAL STAFF RULES AND REGULATIONS

- A. Update language through out to reflect expanded role of other licensed health care providers in providing patient care.
- B. Added requirements related to timing and content of certain medical records entries to comply with JCAHO standards.

3335-43-04 Membership.

(A) through (E) unchanged.

(F) Procedure for reappointment.

- (1) At least ninety days prior to the end of the medical staff member's appointment period, the chief of the clinical department shall provide each medical staff member with an application for reappointment to the medical staff on forms prescribed by the medical staff administrative committee. The reappointment application shall include all information necessary to update and evaluate the qualifications of the medical staff member. The chief of the clinical department shall review the information available on each medical staff member, and the chief of the clinical department shall make recommendations regarding reappointment to the medical staff and for granting clinical privileges for the ensuing appointment period. The chief of the clinical department's recommendation shall be transmitted in writing along with the signed and completed reappointment forms to the medical director at least forty-five days prior to the end of the medical staff member's appointment period. The terms of paragraphs (A), (B), (C), (D), (E)(1), and (E)(2) of this rule shall apply to all applicants for reappointment. Only completed applications for reappointment shall be considered by the credentials committee. An application for reappointment is complete when all the information requested on the reappointment application form is provided, the reappointment form is signed by the applicant, and the information is verified. A completed reappointment application form must contain:

(a) Unchanged.

(b) Evidence of required immunizations if applicable since last appointment.

(c) through (m) unchanged.

Balance unchanged.

3335-43-07 Categories of the medical staff.

The medical staff of the Ohio state university hospitals shall be divided into four categories: honorary medical staff; attending medical staff; courtesy medical staff; and limited staff.

(A) Honorary medical staff.

- (1) The honorary medical staff shall be composed of those individuals who hold emeritus faculty status and who are recognized for outstanding reputation, notable scientific and professional contributions, and high professional stature. Nominations may be made to the medical director who shall present the candidate to the medical staff administrative committee for approval.

Members of the honorary medical staff shall have access to the Ohio state university hospitals and shall be given notice of all medical staff activities and meetings. However, members of the honorary medical staff shall not be required to attend staff meetings or pay medical staff dues. Members of the honorary medical staff shall enjoy all ~~privileges~~ rights and responsibilities of an attending medical staff member except members of the honorary medical staff shall not have the right to vote or hold elected office in the medical staff organization.

- (2) Honorary medical staff members ~~who do not desire shall indicate at the time of appointment whether they wish to exercise clinical privileges may notify the credentials committee in writing. The credentials committee shall have the discretion to waive portions of the customary, and shall be subject to the appointment and reappointment procedures specified in these bylaws.~~

~~Members of the honorary~~ Honorary medical staff members who ~~desire do not wish to exercise any~~ clinical privileges shall be ~~subject to the appointment and reappointment procedures specified in~~ exempt from the requirements of liability insurance, DEA registration and board certification, but are otherwise subject to the provisions of these bylaws.

- (B) Attending medical staff.

- (1) through (2) unchanged.

- (3) Responsibilities:

Each member of the attending medical staff shall:

- (a) through (e) unchanged.

- (f) Supervise other licensed healthcare professionals as necessary in accordance with accreditation standards and state law. It is the responsibility of the attending physician to authorize each licensed healthcare professional to perform only those services which the licensed healthcare professional is privileged to perform.

- (C) and (D) unchanged.

- (E) Clinical privileges.

- (1) through (3) unchanged.

- (4) Podiatric privileges:

- (a) ~~All patients admitted~~ Practitioners of podiatry may admit patients to the Ohio state university hospitals for podiatric care shall receive the same medical appraisal as all other hospitalized patients if such patients are being admitted solely to receive care that a podiatrist may provide without medical assistance, pursuant to the scope of the professional license of the podiatrist. Practitioners of podiatry must, in all other circumstances co-admit patients with a member of the medical staff

who is a doctor of medicine or osteopathic medicine. A member of the medical staff who is a doctor of medicine or osteopathic medicine: osteopathy shall be responsible for any medical problems that the patient has while an inpatient of the Ohio state university hospitals.

(b) A member of the medical staff who is a doctor of medicine or osteopathy:

(i) ~~Shall admit the patient and shall be responsible for the history and physical and medical care that may be required at the time of admission or that may arise during hospitalization~~ any medical problems that the patient has while an inpatient of the Ohio state university hospitals; and

(ii) ~~Shall determine the need of any proposed procedure based on the total health status of the patient; and~~

(iii)(ii) ~~Confirm~~ Shall confirm the findings, conclusions and assessment of risk prior to ~~high-risk diagnostic~~ high-risk diagnosis or therapeutic interventions defined by the medical staff.

(c) ~~The podiatrist~~ Practitioners of podiatry shall be responsible for the podiatric care of the patient including the podiatric history and physical examination and all appropriate elements of the patient's record.

~~(b)(d)~~ The podiatrist shall be responsible to the chief of the department of orthopaedics.

(5) through (7) unchanged.

(8) Other licensed health care professionals.

(a) through (d) unchanged.

(e) Each licensed health care professional shall be individually assigned to a clinical department, ~~or, if appropriate, and to a member~~ one or more members of the medical staff.

(f) through (l) unchanged.

Balance unchanged.

3335-43-08 Organization of the medical staff.

(A) Unchanged.

(B) Names of clinical departments and divisions.

(1) through (3) unchanged.

- (4) Internal medicine. The following divisions are designated:

Allergy
Cardiovascular medicine
Community internal medicine
Dermatology
Endocrinology and metabolism
Digestive health
General medicine
Hematology and oncology
Hospital medicine
Human genetics
Infectious diseases
Nephrology
Pulmonary, critical care and sleep medicine
Rheumatology - immunology

(5) through (14) unchanged.

- (15) Radiation medicine.

~~(15)~~

- (16) Radiology. The following divisions are designated:

Diagnostic radiology
Nuclear medicine
~~Radiation oncology~~

~~(16)~~

- (17) Unchanged.

~~(17)~~

- (18) Unchanged.

Balance unchanged.

3335-43-09 Elected officers of the medical staff of the Ohio state university hospitals.

(A) through (C) unchanged.

(D) Representative of the courtesy medical staff.

- (1) Unchanged.

- (2) The courtesy medical staff member representative shall be selected from written or electronic nominations made ~~from the floor~~ by members of the courtesy medical staff ~~at a meeting scheduled for that purpose~~. Nominees shall be submitted in writing or electronically to all members of the courtesy medical staff for voting no later than March first of the election year.

(3) through (5) unchanged.

Balance unchanged.

3335-43-10 Administration of the medical staff of the Ohio state university hospitals.

(A) and (B) unchanged.

(C) Medical staff administrative committee:

- (1) Unchanged.
- (2) Duties.
 - (a) Unchanged.
 - (b) To receive and act upon ~~commission~~ and committee reports.
 - (c) through (h) unchanged.
 - (i) To review and act on medical staff appointments, reappointments, and requests for delineation of clinical privileges. Whenever there is doubt of an applicant's ability to perform the privileges requested, the medical staff administrative committee shall have the authority to request an evaluation of the applicant's clinical activities relevant to requested privileges.
 - (j) through (n) unchanged.
- (3) and (4) unchanged.
- (D) Health system credentialing committee:
 - (1) Unchanged.
 - (2) Duties:
 - (a) To review all applications for medical staff and licensed health care professional appointment and reappointment, as well as all requests for delineation, renewal, or amendment of clinical privileges in the manner provided in these medical staff bylaws, including applicable time limits. During its evaluation, the health system credentialing committee will take into consideration the appropriateness of the setting where the requested privileges are to be conducted;
 - (b) through (h) unchanged.
 - (i) To review requests made for clinical privileges by other licensed health care professionals as set forth in these ~~rules~~ bylaws.
 - (3) Licensed health care professionals subcommittee:
 - (a) Unchanged.
 - (b) Duties:
 - (i) To review, within thirty days of receipt, all completed applications as may be referred by the ~~credentials~~ health system credentialing committee.
 - (ii) through (v) unchanged.
 - (vi) To forward, following review of the application, a written recommendation for

clinical privileges to the ~~credentials~~ health system credentialing committee for review at its next regularly scheduled meeting.

Balance unchanged.

3335-43-13 Adoption.

(A) and (B) unchanged.

(C) From time to time certain administrative policies and procedures associated with processes described in these bylaws for corrective action, fair hearing and appeal, credentialing, privileging and appointment shall supplement the bylaws at the recommendation of the appropriate committee and the medical staff administrative committee and be forwarded to the Ohio state university hospitals board for ratification.

Amended University Hospitals Medical Staff Rules & Regulations

84-01 Ethical pledge.

(A) Each member of the medical staff shall pledge adherence to standard medical ethics, including:

(1) and (2) unchanged.

(3) Refraining from delegating the responsibility for diagnosis or care of hospitalized patients to a medical or dental practitioner or other licensed healthcare professional who is not qualified to undertake this responsibility ~~and or~~ who is not adequately supervised;

(4) and (5) unchanged.

84-04 Consultations.

(A) Consultation requirements.

When ~~the attending or courtesy medical staff member identifies in the course of treating the patient,~~ a patient care problem is identified that requires intervention during the hospital stay that is outside the ~~attending or courtesy~~ medical staff member's area of training and experience, it is the responsibility of the attending or courtesy medical staff member ~~or his or her designee~~ to obtain consultation by the appropriate specialist. The consultation may be ordered by the responsible medical practitioner, a member of the limited staff, or another licensed healthcare professional with appropriate clinical privileges as designated in these rules and regulations.

(B) and (C) unchanged.

84-05 Privileges for giving orders.

(A) and (B) unchanged.

(C) Responsible medical practitioner.

The licensed physician, dentist, podiatrist (~~under medical doctor supervision~~), or psychologist (under medical doctor supervision) member of the medical staff responsible for the care and treatment of the patient is responsible for all orders for the patient. Attending, courtesy, and honorary medical staff may designate members of the limited staff, or other licensed healthcare professional with appropriate clinical privileges to write or electronically enter orders under their direction. The attending staff member may also designate members of the pre-M.D. medical student group to write or electronically enter orders, but in all cases ~~the~~ these orders shall be signed by the physician, dentist, podiatrist, psychologist, or designated limited staff member who has the right of practice of medicine, dentistry, psychology, or podiatry, and who is responsible for that patient's care. All non-verbal orders must be authenticated by the medical practitioner prior to the execution of the order(s) by the hospital or outpatient nursing staff or other professional groups.

Patient orders written or electronically entered by "off-service" limited staff or consultant staff must be authenticated by the responsible practitioner or the practitioner's designee. Exception may be made in the event of preoperative orders or in the instance of acknowledged co-management; e.g. the intensive care unit or recovery room.

(D) Telephone and verbal orders.

Telephone and verbal orders may be given by the responsible attending physician, dentist, podiatrist, psychologist, ~~or~~ member of the limited staff, or other licensed healthcare professional with appropriate clinical privileges only to health care providers who have been approved in writing by title or category by the medical director, the executive director of the hospitals, and each chief of the clinical service where they shall exercise clinical privileges, and only where said health care provider is exercising clinical privileges which have been approved and delineated by job description for employees of the hospitals, or by the customary medical staff credentialing process when the provider is not an employee of the hospitals. Lists of the approved titles or categories of providers shall be maintained by the medical director. The job description or delineated privileges for each provider must indicate each provider's authority to receive telephone or verbal orders, including but not limited to the authority to receive orders for medications. The order is to be recorded and authenticated by the approved health care provider to whom it is given as "verbal order by ~~Dr.~~" or "V. O. or T. O. by ~~Dr.~~" recording the ~~medical~~ licensed healthcare practitioner's name and the time of the order. All telephone and verbal orders for D.E.A. schedule II controlled substances, patient seclusion, or patient restraint must be authenticated within one day by the licensed physician, dentist, podiatrist, psychologist, ~~or~~ limited staff member, or other licensed healthcare professional with appropriate clinical privileges. All other verbal and telephone orders must be authenticated within twenty-one days of discharge or visit by a licensed physician, dentist, podiatrist, psychologist, ~~or~~ limited staff member, or other licensed healthcare professional with appropriate privileges.

(E) Unchanged.

(F) Preprinted orders.

Preprinted order forms for patients must be reviewed, dated and signed by a responsible medical practitioner, a limited staff member, or other licensed healthcare professional with appropriate privileges before becoming effective.

(G) and (H) unchanged.

(I) Transfer of clinical service.

Transfer of clinical service means transfer of full patient responsibility from one attending physician, dentist, psychologist, or podiatrist to another; the patient may remain on the same unit or a "change of nursing service" may also occur. Admission of a patient from an emergency service to the hospital as an inpatient involves "transfer of clinical service."

For the purposes of writing or electronically entering orders, two essentials of "transfer of clinical service" are necessary:

- (1) The initial transfer order must indicate the release of responsibility and control of the patient, pending acceptance by the receiving service. The order may read -- "transfer (or admit) to Dr., thoracic surgery service."
- (2) Transfer of service may be completed only by the receiving service writing or electronically entering an order to the effect -- "accept in transfer (or admission) to Dr., cardiology service."

Orders effective before the transfer must be renewed, rewritten or reentered upon transfer by the responsible medical practitioner, a limited staff member, or other licensed healthcare professional with appropriate privileges. The new or renewed orders may be written or electronically entering before or at the time of transfer, and may become effective immediately. It is the responsibility of the receiving nurse to establish the availability of new or renewed orders. If new orders are unavailable, then the nurse may continue previous orders and immediately notify the responsible medical practitioner.

(J) Unchanged.

(K) Hospital discharge/readmission orders.

Hospital discharge from standard inpatient units or day care units to outpatient status requires appropriate discharge orders. Readmission to any inpatient unit requires new, rewritten/reentered or renewed orders by the responsible medical practitioner, a limited staff member, or other licensed healthcare professional with appropriate privileges.

Balance unchanged.

84-12 Medical information committee.

(A) Unchanged.

- (B) Each member of the medical staff shall conform to the policies established by the medical information committee, including the following:

(1) and (2) unchanged.

(3) Deadlines and sanctions.

(a) and (b) unchanged.

(c) The history and physical examination may be performed up to thirty days prior to admission, surgery or the visit. If completed before admission, surgery or patient's initial visit, there must be a notation indicating the presence or absence of changes in the patient's condition since the history and physical was completed. The notation shall be made on the history and physical at the time of admission, surgery or visit. The update must be performed by a member of the medical staff or his/her designee, and be signed and dated. In the event the history and physical update is performed by the medical staff member's designee, it shall be countersigned and dated by the responsible medical staff member.

(d) through (g) unchanged.

(h) Outpatient visit notes and letters to referring physicians, when appropriate, shall be dictated within three days of the patients' visit.

(i) Reports in the electronic signature system must be signed within ten business days of availability.

(4) Discharges

(a) Patients shall be discharged only on written or electronically entered order of the responsible medical staff member, limited staff member, or other licensed healthcare professional with appropriate clinical privileges. At the time of ordering the patient's discharge or at the time of the medical staff member's next visit to the hospital (if the attending medical staff member has authorized a member of the limited staff to sign the order of discharge), the attending medical staff member shall see that the record is complete. The attending medical staff member or his or her designee is responsible for verifying the principal diagnosis, secondary diagnoses principal procedure, and other significant invasive procedures in the medical record by the time of discharge. If a principal diagnosis cannot be determined in the absence of outstanding test results, the attending medical staff member or his or her designee must record a "provisional" principal diagnosis by the time of discharge.

(b) through (h) unchanged

Balance unchanged.

IMPACT STATEMENT
THE OHIO STATE UNIVERSITY HOSPITAL EAST
MEDICAL STAFF BYLAWS AND
RULES AND REGULATIONS

AMENDMENTS APPROVED BY
MEDICAL STAFF EXECUTIVE COMMITTEE JUNE 2005;
GENERAL MEDICAL STAFF AUGUST 2005 AND
UNIVERSITY HOSPITAL BOARD SEPTEMBER 22, 2005

I. MEDICAL STAFF BYLAWS

- A. Updated language to reflect new appointment/reappointment cycle and application requirements
- B. Changed title of CEO to Executive Director through out due to position title change.
- C. Clarified conditions that lead to automatic suspension from Medical Staff.
- D. Revised several procedural sections related to Appointment/Reappointment and Peer Review to reflect common practices adopted between the business units.
- C. Clarified language related administering the medical staff.
- D. Updated several definitions.
- E. Corrected pagination issues and typographical errors.

II. MEDICAL STAFF RULES AND REGULATIONS

- A. Updated language to include electronic orders
- B. Revised the following to meet JCAHO standards
 - Timeframes for completion of various documentation
 - Content requirements for various documentation
- C. Corrected pagination

Amended University Hospitals East Medical Staff Bylaws

3335-45-04 Membership.

(A) through (C) unchanged.

(D) Special conditions for medical staff membership.

(1) Unchanged.

(2) In the interests of balanced teaching and patient care, the chief of the clinical department may, following consultation with the dean of the applicable college, the ~~chief executive officer~~ director, the medical director, and with the concurrence of the executive committee, restrict admissions. Imposition of such restriction shall not give rise to any right of appeal or grievance permitted by these rules.

(3) through (5) unchanged.

3335-45-05 Appointment and reappointment.

(A) Initial application.

(1) through (3) unchanged.

(4) The applicant shall agree that membership on the medical staff requires participation in the peer review process of evaluating credentials, medical staff membership and clinical privileges, and that a condition for membership requires mutual covenants between all members of the medical staff to release one another from civil liability in this review process as long as the peer review is not conducted in bad faith, with malice, or without reasonable effort to ascertain the accuracy of information being disclosed or relied upon.

~~(4)~~

~~(5)~~ Unchanged.

~~(6)~~

(6) A completed application shall include, and the applicant shall have the burden to provide, of producing information for an adequate evaluation of applicant's qualifications for membership and for the clinical privileges requested. If the applicant fails to complete the prescribed forms or fails to provide the information requested within sixty days of receipt of the signed application by the medical director of designee, processing of the application shall cease and the application shall be deemed to have been voluntarily withdrawn which action is not subject to hearing or appeals pursuant to rule 3335-45-09 of the Administrative Code. At a minimum, the following information a complete application shall include:

(a) through (d) unchanged.

(e) Peer recommendation from at least three individual(s) knowledgeable about the applicant's identity, clinical and professional skills;

- (f) through (i) unchanged.
- (j) An agreement to disclose within thirty days to the medical director the initiation of any process which could lead to a condition listed in paragraph ~~(A)(4)(i)~~ (A)(5)(i) of this rule;
- (k) through (r) unchanged.
- (s) Verification by primary source documentation of:
 - (i) ~~State~~ Current and previous state licensure.
 - (ii) Unchanged.
 - (iii) DEA registration when required for exercise of clinical privileges.
 - (iv) Graduation from an accredited medical school or ~~osteopathic professional school, or an accredited program of dentistry, podiatry or psychology.~~
 - (v) Successful completion or record of post ~~M.D.~~ graduate medical or professional education; ~~and/or other postgraduate education.~~
 - (vi) Unchanged.
- (t) Information from the national practitioner data bank;
- (u) Verification that the applicant has not been excluded from any federally funded health care program;
- (v) Complete disclosure by applicant of all past and current claims, suits, and settlements, if any;
- ~~(w)~~ (w) Unchanged.
- ~~(x)~~ (x) Unchanged.
- ~~(y)~~ (y) Unchanged.
- ~~(z)~~ (z) Unchanged.
- ~~(aa)~~ (aa) Unchanged.
- ~~(bb)~~ (bb) Unchanged.
- (B) Action on initial application.
 - (1) Unchanged.
 - (2) The chief of the applicable clinical department shall be responsible for investigating and verifying the character, qualifications, and professional standing of the applicant by making inquiry of the primary source of such information and shall within thirty days of receipt of the ~~signed complete~~ application, submit a report of those findings along with a recommendation on membership and clinical privileges to the medical director of the Ohio state university hospitals east.

- (a) All reviewed applications, and any ~~completed~~ complete applications which are not reviewed, or for which a recommendation is not made by the clinical department or the chief of the clinical department on a timely basis ~~the completed application~~ shall be forwarded to the medical director for presentation to the credentialing committee on the same basis as other applicants. ~~This action shall continue the applicant's status and privileges, if any, and creates no vested rights beyond the duration of the appointment processing period, only until such time as the processing of the application is concluded.~~
 - (b) Unchanged.
 - (3) Upon receipt of a ~~completed~~ complete application, the credentialing committee shall proceed to:
 - (a) through (c) unchanged.
 - (4) Unchanged.
 - (C) Unchanged.
 - (D) Action of the board on initial application.
 - (1) through (4) unchanged.
 - (5) The application shall be forwarded together with a recommendation by the professional affairs, research and education committee for approval, modification, or rejection of application for privileges by the Ohio state university hospitals board for final action. When the Ohio state university hospitals board has acted, the chairperson of the board shall instruct the medical director to transmit the final decision to the chief of the clinical department and applicant and, if appropriate, to the director of the clinical division. ~~The chairperson of the board shall also notify the executive director of Ohio state university hospitals east of the decision of the board.~~
 - (E) Term of appointment.
 - (1) The board shall make all appointments to the medical staff. Appointments shall be for ~~two years~~ twenty-four months, provided that all initial appointments shall be provisional in nature with the exception of the peer review medical staff, as per paragraph (B)(4)(d) of rule 3335-45-08 of the Administrative Code. ~~initial~~ Initial appointments, except for the honorary and limited categories, shall be provisional for six months regardless of the date of the appointment. Full appointment requires the evaluation of the department chair. Thereafter, the member shall be subject to reappointment as set forth in paragraph (F) of this rule. If, after the six-month period, the department chair does not recommend the provisional appointee for full appointment, medical staff membership and clinical privileges may be terminated. In the event that the

~~medical executive committee recommends that an adverse action is be taken against a provisional appointee, the provisional appointee shall be entitled to the provisions of due process as outlined in these bylaws. Thereafter, the member shall be subject to reappointment as set forth in paragraph (F) of this rule.~~

(2) Unchanged.

(F) Reappraisal and reappointment.

(1) Each member of the medical staff shall be reappointed, at a minimum, on a biennial basis ~~(every two years), not to exceed twenty-four months.~~ The credentialing committee shall begin to conduct its review one hundred eighty days prior to the end of the biennial period, and consider all pertinent information available on each member whose biennial term expires at the end of the medical staff year for the purpose of making a recommendation on the member's reappointment to the medical staff and for granting of clinical privileges during the term of such reappointment.

(2) Unchanged.

(3) The credentialing committee shall initiate its review by requesting, in writing, a ~~completed~~ complete and signed reappointment application in a form as prescribed by the medical director, ~~containing at least in the following information from the member~~ A complete reappointment application must contain:

(a) Answers and updates to all information provided by the member in the initial application or most recent reapplication.

(b) Unchanged.

(c) ~~A copy of the face sheet of the practitioner's current professional liability insurance policy showing at least the minimum requirements established by the board.~~

~~(d)~~(c) Unchanged.

~~(e)~~(d) Unchanged.

~~(f)~~(e) Unchanged.

(f) Peer recommendation from an individual(s) knowledgeable about the applicant's clinical and professional skills when sufficient information concerning the applicant is not available within the clinical department.

(g) ~~Failure, without good cause as determined by the credentialing committee, to submit a timely reappointment application or to provide requested information shall be deemed a voluntary resignation from the medical staff and shall result in automatic termination of membership and all clinical privileges. The termination of medical staff membership and privileges on this basis shall not~~

~~be deemed an adverse action and shall not give rise to the due process rights of rule 3335-45-09 of the Administrative Code. Evidence of required immunizations.~~

- (h) Evidence of current professional liability insurance.
- (i) Verification of primary source documentation of:
 - (i) Current or previous state licensure;
 - (ii) Faculty appointment, if applicable;
 - (iii) DEA registration when required for clinical privileges;
 - (iv) Successful completion or record of additional post graduate medical or professional education;
 - (v) Board certification, recertification, or continued active candidacy for certification.
- (j) Information from the national practitioner data bank.
- (k) Verification that the applicant has not been excluded from any federally funded health care program.
- (l) A summary of the member's clinical activity during the previous appointment period.
- (m) Patterns of care as demonstrated through quality assurance records.
- (n) Verification of completion of annual educational requirements as set forth in the university integrity and HIPAA programs.
- (o) Complete disclosure by medical staff members of claims, suits, and settlements, if any.

~~(4) Leave of absence.~~

- ~~(a) A request for a leave of absence from the medical staff shall be submitted in writing to the medical director and the chief of the clinical department stating the exact period of the time of leave, which may not exceed one year. Leave of absence from the faculty shall be as provided by university rules and policies. An application for reappointment shall be submitted following a leave of absence from the medical staff and/or from the faculty and be processed as provided in this paragraph.~~
- (b) A member of the medical staff who takes a leave of absence for medical reasons has the duty to disclose to his or her chief of clinical department and the medical director any medical leave of absence that may potentially impact his or her

~~ability to discharge his or her clinical and teaching responsibilities. Upon return from a leave of absence for medical reasons the medical staff member must demonstrate his or her ability to exercise his or her clinical privileges upon return to clinical activity. The credentialing committee, the medical director, the chief of the clinical service, or the medical executive committee shall have the authority to require any documentation, including advice and consultation from the committee for physician health that might have a bearing on the medical staff member's ability to carry out the clinical and educational responsibilities for which the medical staff member is seeking privileges.~~

~~(5)~~

(4) The credentialing committee shall obtain, at a minimum, the following information from the chief of each clinical department in which the member has such privileges:

(a) through (f) unchanged.

(g) The member's demonstrated ability to work with other members of the medical staff and with hospital personnel to achieve the ~~deliverance~~ delivery of medical care according to professional standards;

(h) and (i) unchanged.

~~(6)~~

(5) ~~The Failure, without good cause as determined by the credentialing committee, shall request the medical director to contact the clearinghouse to determine if any malpractice claims or adverse actions have ever been reported as to the practitioner applying for reappraisal and to submit a timely reappointment. Any information obtained from such clearinghouse shall be documented in the record of the practitioner being reviewed and, upon request of the practitioner, shall be available to the practitioner for review and copying application or to provide requested information shall be deemed a voluntary resignation from the medical staff and shall result in automatic termination of membership and all clinical privileges at the end of the medical staff member's current appointment period which action shall not be subject to a hearing or appeal pursuant to rule 3335-45-09 of the Administrative Code.~~

(6)

The medical director shall forward the reappointment forms and the recommendations of the chief of the clinical department to the credentialing committee. Failure of the chief of the clinical department to act timely on an application for reappointment shall be the same as provided in paragraph (B)(2)(a) of this rule. The credentialing committee shall review the request for reappointment in the same manner and with the same authority as an original application for medical staff membership. The credentialing committee shall review all aspects of the reappointment application including verification of the member's quality assurance record for

continuing membership qualifications and for clinical privileges. The credentialing committee shall review each member's performance-based profile to ensure that the same level of quality of care is delivered by all medical staff members with similar delineated clinical privileges across all clinical departments and across all categories of medical staff membership.

- (7) The credentialing committee shall review peer recommendations and the information provided by the member and other persons and make any investigation it determines necessary and submit a written recommendation to the medical ~~executive committee~~ director on whether to reappoint the member and the extent of privileges, if any, to be granted at least thirty days prior to the end of the period of appointment. Such written recommendation shall be submitted to the medical executive committee for action at its next meeting and to the board at its next meeting after the medical executive committee meeting. ~~When the decision of the medical executive committee results in a decision of non-reappointment or reduction, suspension or revocation of clinical privileges, the medical executive committee shall instruct the medical director to give written notice to the affected member of the decision, the stated reason for the decision, and the member's right to a hearing pursuant to these bylaws. This notification and an opportunity to exhaust the appeal process shall occur prior to an adverse decision unless the provisions outlined in these bylaws apply. The notice by the medical director shall be sent certified return receipt mail to the affected member's last known address as determined by the Ohio state university records. If the affected member of the medical staff does not make a written request for a hearing to the medical director within thirty one days after receipt of the adverse decision, it shall be deemed a waiver of the right to any hearing or appeal as provided in these bylaws to which the staff member might otherwise have been entitled on the matter. If a timely, written request for hearing is made, the procedures set forth in these bylaws shall apply.~~
- (8) The medical executive committee shall accept, reject, or modify the request for reappointment in the same manner and with the same authority as an original application for medical staff membership. The recommendation of the medical executive committee regarding reappointment of a member shall be communicated by the medical director, along with the recommendation of the medical director, to the professional affairs, research, and education committee of the university hospitals board, and thereafter to the university hospitals board. When the Ohio state university hospitals board has acted, the chairperson of the board shall instruct the medical director to transmit the final decision to the chief of the clinical department and applicant and, if appropriate, to the director of the applicable clinical division.
- (9) When the decision of the medical executive committee results in a decision of non-reappointment or reduction, suspension or revocation of clinical privileges, the medical executive committee shall instruct the medical director to give written notice to the affected member of the decision,

the stated reason for the decision, and the member's right to a hearing pursuant to these bylaws. This notification and an opportunity to exhaust the appeal process shall occur prior to an adverse decision unless the provisions outlined in these bylaws apply. The notice by the medical director shall be sent certified return receipt mail to the affected member's last known address as determined by the Ohio state university records. If the affected member of the medical staff does not make a written request for a hearing to the medical director within thirty-one days after receipt of the adverse decision, it shall be deemed a waiver of the right to any hearing or appeal as provided in these bylaws to which the staff member might otherwise have been entitled on the matter. If a timely, written request for hearing is made, the procedures set forth in these bylaws shall apply.

~~(8)~~

(10) Unchanged.

~~(9)~~

(11) The board may reappoint a member of the medical staff as recommended by the medical executive committee for ~~two years~~ twenty-four months.

(G) Leave of absence.

(1) A request for a leave of absence from the medical staff shall be submitted in writing to the medical director and the chief of the clinical department stating the exact period of the time of leave, which may not exceed one year. Leave of absence from the faculty shall be as provided by university rules and policies. An application for reappointment shall be submitted following a leave of absence from the medical staff and/or from the faculty and be processed as provided in this paragraph.

(2) A member of the medical staff who takes a leave of absence for medical reasons has the duty to disclose to his or her chief of clinical department and the medical director any medical leave of absence that may potentially impact his or her ability to discharge his or her clinical and teaching responsibilities. Upon return from a leave of absence for medical reasons the medical staff member must demonstrate his or her ability to exercise his or her clinical privileges upon return to clinical activity. The credentialing committee, the medical director, the chief of the clinical service, or the medical executive committee shall have the authority to require any documentation, including advice and consultation from the committee for physician health that might have a bearing on the medical staff member's ability to carry out the clinical and educational responsibilities for which the medical staff member is seeking privileges.

~~(G)~~

(H) Unchanged.

3335-45-07 Clinical privileges.

(A) through (F) unchanged.

(G) Other licensed health care professionals privileges.

(1) through (10) unchanged.

(11) Appeal process.

(a) A licensed health care professional may submit a notice of appeal to the chairperson of the Ohio state university hospitals board within fourteen days of receipt of written notice of any adverse corrective action pursuant to ~~these bylaws paragraph (E) of rule 3335-45-09 of the Administrative Code.~~

(b) through (g) unchanged.

(12) Unchanged.

Balance unchanged.

3335-45-08 Peer review and corrective action.

(A) Unchanged.

(B) Peer review.

(1) Unchanged.

(2) Peer review may be requested in accordance with paragraph (B) of this rule by any elected officer of the medical staff, the chief of any medical staff clinical department, the chair of any standing committee of the medical staff, the ~~chief executive officer director, or the medical director, any member of the board, the dean of the college of medicine and public health, or the vice president for health services.~~

(C) through (E) unchanged.

(F) Automatic suspension or termination.

(1) Unchanged.

(2) ~~A practitioner whose~~ Whenever a medical staff member's drug enforcement administration (DEA) number or other right to prescribe or administer controlled substances number is revoked or suspended, he or she shall be immediately and automatically ~~be terminated from practicing at the hospital, from divested of his or her staff status, and from exercise of clinical privileges. If such right to prescribe medications covered by the number or other right to prescribe or administer controlled substances is partially limited or restricted, clinical privileges within the scope of such limitation or restriction shall be automatically suspended; provided that such limitation or restriction may give rise to an investigation for corrective action pursuant to paragraphs (B) and (C) of this rule.~~

(3) ~~Any~~ When a medical staff member or licensed health care professional whose participation in any federally funded reimbursement program is terminated by those programs, or who is otherwise excluded or member's DEA or other

~~controlled substances number is suspended from participation in whole or part in these programs for reasons of competency due to clinical competency or professional ethics or character, shall automatically relinquish all clinical privileges as of the effective date of the termination, exclusion or suspension. If the medical staff member's or licensed health care professional's participation in these programs is not fully reinstated by the expiration of the medical staff member's or licensed health care professional's then current reappointment term, the affected medical staff member or licensed health care professional shall be deemed to have relinquished all clinical privileges at that time. It shall be the duty of all medical staff members and licensed health care professionals to promptly inform the medical director of any action taken, or the initiation of any process which could lead to such action taken by any of these programs or restricted in any manner, his or her right to prescribe medications covered by the number is similarly automatically suspended or restricted during the term of the suspension or restriction.~~

- (4) Upon exclusion, debarment, or other prohibition from participation in any state or federal health care reimbursement program, or a federal procurement or non-procurement program, the medical staff member's appointment and privileges shall be immediately and automatically suspended until such time as the exclusion, debarment, or prohibition is lifted.

(4)

- (5) A practitioner who fails to report to the hospital any restriction or condition identified in paragraph ~~(A)(4)(i)~~ (A)(6)(i) of rule 3335-45-05 of the Administrative Code within thirty days of imposition shall result in automatic termination of medical staff membership and clinical privileges.

(5)

- (6) ~~An automatic~~ A temporary suspension of all of a practitioner's admitting and clinical privileges ~~(except with regard to the practitioner's current inpatients)~~ may be imposed by the medical director after a warning, in writing, of delinquency for failure to complete medical records in a timely fashion as defined by the medical staff rules and regulations. Such suspension shall remain in effect until such time as all delinquent medical records have been completed and filed with the medical information management of the hospital as determined by the medical director. Repeated failure to complete medical records within the time limits specified in the medical staff rules and regulations may result in the filing of a request for peer review against the practitioner.

(6)

- (7) Unchanged.

(7)

- (8) ~~Any practitioner who fails to provide documentation to the medical director of current valid~~ Failure to maintain the minimum required type and amount of professional malpractice liability insurance coverage (of at least the minimum as required by the board) with an approved

~~insurer, shall automatically have all admitting result in immediate and automatic suspension of a medical staff member's appointment and clinical privileges at the hospital suspended, until such time as adequate documentation has been provided to the medical director evidencing valid malpractice insurance requirements of at least the manner required by the board proof of appropriate insurance coverage is furnished. In the event such proof is not provided within ten days of such suspension, the medical staff member shall be deemed to have voluntarily terminated his or her appointment and privileges.~~

~~(8)~~
(9) Unchanged.

~~(9)~~
(10) Unchanged.

~~(10)~~
(11) Unchanged.

~~(11)~~
(12) Unchanged.

~~(12)~~
(13) Unchanged.

~~(13)~~
(14) Unchanged.

3335-45-10 Administration of the ~~hospital~~ medical staff of the Ohio state university hospitals east.

(A) Medical director leadership.

The medical director shall be a physician and shall be a member of the attending medical staff at the Ohio state university hospitals east. The chief medical officer of the health system, with the approval of the board and the university hospitals board, shall appoint the medical director. The scope of authority and responsibilities of the medical director shall be as outlined in the Ohio state university hospitals board bylaws.

~~(A)~~(B) Unchanged.

~~(B)~~ Hospital executive leadership.

~~The Ohio state university hospitals board and the board authorize and fully extend the authority of the executive director of the Ohio state university hospitals to serve as the chief executive officer of the hospital, with the same duties and responsibilities for the hospital as he or she has at the Ohio state university hospitals.~~

~~(C)~~ Medical director leadership.

~~The Ohio state university hospitals board and the board authorize and fully extend the authority of the medical director of the Ohio state university hospitals to serve as the medical director of the hospital, with the same duties and responsibilities for the hospital as he or she has at the Ohio state university hospitals.~~

3335-45-11 Officers.

(A) through (C) unchanged.

(D) Election of officers.

- (1) Officers shall be elected by a majority of those voting by written ~~or electronic~~ ballot ~~of the active~~ at an annual meeting of the medical staff.

(2) and (3) unchanged.

Balance unchanged.

3335-45-13 Clinical departments.

(A) Unchanged.

(B) Clinical departmental chiefs.

(1) through (3) unchanged.

(4) Responsibilities. Clinical departmental chiefs shall:

(a) through (f) unchanged.

~~(g) Appoint committees, as needed, to conduct clinical department functions;~~

~~(h)(g)~~ Unchanged.

~~(i)(h)~~ Unchanged.

~~(j)(i)~~ Unchanged.

~~(k)(j)~~ Unchanged.

~~(l)(k)~~ Unchanged.

~~(m)(l)~~ Unchanged.

~~(n)(m)~~ Unchanged.

~~(o)(n)~~ Unchanged.

~~(p)(o) Develop~~ Development and ~~implementing~~ implementation of policies and procedures that guide and support the provision of services;

- ~~(q)(p)~~ Recommend a sufficient number of qualified and competent persons to provide care or service; and
- ~~(r)(g)~~ Determine qualifications and competence of clinical department or service personnel who are not licensed independent practitioners and who provide patient care services; and
- ~~(s)~~ Recommend space and other resources needed by the clinical department.

Balance unchanged.

3335-45-18 Procedure for adoption

(A) and (B) unchanged.

(C) Related medical staff governance documents.

Administrative policies and procedures, associated with processes described in these bylaws for corrective action, fair hearing and appeal, credentialing, privileging and appointment shall be reviewed and recommended by the appropriate medical staff committee and the medical executive committee, and forwarded to the Ohio state university hospitals board for ratification.

3335-45-21 Definitions.

The following terms shall have the meanings defined herein when used in these rules unless otherwise specified.

(A) through (D) unchanged.

(E) The term "~~chief executive officer~~ director" refers to the ~~individual senior executive~~ appointed by the ~~Ohio state university hospitals board to act on its behalf in manage~~ the overall management operation of the hospital. Whenever the term "~~chief executive officer~~ director" is used in these rules, it shall include persons designated by the ~~chief executive officer~~ director to act on his or her behalf.

(F) through (S) unchanged.

(T) The term "quorum" means the number of voting members of the medical staff, or a committee or clinical department thereof, that must be present at a meeting to transact business. ~~These medical staff members that are eligible to vote at a duly called and open meeting of the medical staff or of a committee or clinical department thereof, shall constitute a quorum. Whenever these medical staff bylaws or rules and regulations are being adopted or amended, approval shall require a~~ A simple majority of appointed voting members present. It will be the decision of the chair of the committee or department to table an issue if they feel there is an inadequate ~~shall constitute a quorum, except that at a duly called and open meeting of the medical staff, a quorum shall consist of the~~ number of voting members present.

(U) through (EE) unchanged.

- (FF) ~~The term "medical director" shall mean the chief of the medical officer~~ director of the Ohio state university hospitals east and shall be appointed as provided in these rules. ~~The medical director shall fulfill the responsibilities of the chief executive officer or designee for purposes of these medical staff bylaws. The appointment, scope of authority, and responsibilities of the medical director shall be as outlined in these medical staff bylaws and the Ohio state university hospitals board bylaws.~~

Balance unchanged.

Amended University Hospitals East Medical Staff Rules & Regulations

86-03 Outpatient/same day medical procedure/surgery.

(A) through (G) unchanged.

(H) Pre-operative/pre-medical procedure requirements.

(1) Pre-operative requirements.

(a) Unchanged.

(b) Initial history and physical ~~must~~ may be performed ~~within up to~~ up to thirty days prior to surgery. If completed before surgery, there must be a notation indicating the presence or absence of changes in the patient's condition since the history and physical was completed. This notation shall be made on the history and physical at the time of surgery.

~~(c) The history and physical must be updated within seven days prior to surgery.~~

~~(d)~~

(c) Unchanged.

~~(e)~~

(d) Unchanged.

(2) Unchanged.

Balance unchanged.

86-04 Medical records.

(A) and (B) unchanged.

(C) Time of completion.

The attending practitioner shall complete and sign the patient's medical record within twenty-one days of discharge. A procedure note shall be entered in the record by the responsible attending medical practitioner or designee immediately upon completion of an invasive procedure. Procedure notes must be written for any surgical or medical procedures, irrespective of their repetitive nature, which involve material risk to the patient. The note shall include the preoperative diagnosis, procedure, surgeon(s), resident(s), anesthesiologist(s), surgical service, type of anesthesia (general or local), complications, invasive lines either added or deleted, estimated blood loss, any

pertinent information not included on the operating room/anesthesia record, and preliminary surgical findings. An operative/procedure report must be dictated immediately following the procedure. Any operative/procedure report not dictated by 10:00 a.m. the day following the procedure shall be deemed delinquent and the attending practitioner responsible shall lose operating/procedure room scheduling and elective admitting privileges the following day pursuant to paragraph ~~(F)~~ (E) of rule ~~3335-45-07~~ 3335-45-08 of the Administrative Code.

(D) Deadlines and sanctions.

(1) A history and physical examination may be ~~completed performed up to thirty days~~ prior to admission, surgery or the patient's initial visit, ~~and accepted as part of the medical record if.~~ If completed within thirty days preceding the before admission, surgery or the patient's initial visit there must be a notation indicating the presence or absence of changes in the patient's condition since the history and physical was completed. This notation shall be made on the history and physical at the time of admission, surgery, or visit. If the history and physical examination is completed greater than seven days, but within thirty days of admission, a notation shall be made in the history and physical examination to indicate review and any updates.

(2) through (4) unchanged.

(5) A procedure note shall be entered in the record by the responsible attending medical staff member or the medical staff member's designee immediately upon completion of an invasive procedure. An operative/procedure report must be dictated immediately following the procedure. Procedure notes must be written for any surgical or medical procedure, irrespective of its repetitive nature, which involves material risk to the patient. For any formal operative procedure, a note shall include the ~~preoperative diagnosis~~ pre-operative and post-operative diagnoses, procedure procedure(s) performed and description of each procedure, surgeon(s), resident(s), anesthesiologist(s), surgical service, type of anesthesia (general or local), complications, invasive lines either added or deleted, estimated blood loss, any pertinent information not included on the operative/anesthesia record, ~~and preliminary surgical findings, and specimens removed and disposition of each specimen.~~ Where a formal operative/procedure report is appropriate, the report must be dictated immediately following the procedure, ~~the.~~ The transcribed operative/procedure report must be signed by the attending medical staff member. Any operative/procedure report not dictated by ten a.m. the day following the procedure shall be deemed delinquent and the medical staff member responsible shall lose operating/procedure ~~and medical staff~~ privileges the following day. Affected medical staff members shall receive telephone calls from the medical information management ~~administrator~~ department indicating the delinquent operative/procedure report(s).

(6) and (7) unchanged.

(E) Discharges.

- (1) Patients shall be discharged only on written or electronically entered order of the responsible medical staff member. At the time of ordering the patient's discharge or at the time of the medical staff member's next visit to the hospital (if the attending medical staff member has authorized a member of the limited staff to sign the order of discharge), the attending medical staff member shall see that the record is complete. The attending medical staff member is responsible for verifying the principal diagnosis, secondary diagnosis(es), principal procedure, and other significant procedures in the medical record by the time of discharge. If a principal diagnosis cannot be determined in the absence of outstanding test results, the attending medical staff member must record a "provisional" principal diagnosis by the time of discharge.
- (2) ~~The~~ For patients staying more than two days, the discharge summary for each patient must be dictated by the responsible medical staff member, or the medical staff member's designee, within three days of discharge for any patient stay of more than forty-eight hours. A handwritten or dictated discharge summary must be completed within seven days of discharge for any patient stay of forty-eight hours or less. A dictated summary is required on all patients who expire, regardless of length of stay. The discharge summary must be signed by the responsible attending practitioner. If electronic discharge instructions are present, only an abbreviated summary must be dictated. The abbreviated summary must include the reason for hospitalization, significant findings upon admission and hospital course.

(3) and (4) unchanged.

(F) through (K) unchanged.

(L) History and physical.

(1) through (4) unchanged.

- (5) The history and physical examination for an inpatient or ambulatory surgery patient shall include:

(a) through (k) unchanged.

- (6) A history and physical examination appropriate to the procedure, and the ambulatory patient; ~~shall be documented in the medical record of all ambulatory surgery patients, and patients~~ undergoing outpatient procedures- (excluding ambulatory surgery) shall include:

(a) Indications for procedure/visit;

(b) Relevant history;

(c) Medications or reference to current listing;

(d) Focused review of systems;

(e) Pre-procedure assessment/examination (if

applicable);

(f) Impression; and

(g) Plan of care.

(7) Unchanged.

Balance unchanged.

IMPACT STATEMENT

THE ARTHUR G. JAMES CANCER HOSPITAL AND
RICHARD J. SOLOVE RESEARCH INSTITUTE
MEDICAL STAFF BYLAWS AND RULES AND REGULATIONS

**AMENDMENTS APPROVED BY THE MEDICAL STAFF
ADMINISTRATIVE COMMITTEE AUGUST 2005 AND THE CHRI
BOARD SEPTEMBER 27, 2005**

- Add language to support the privileging of allied health professionals.
- Updated language to reflect new appointment/reappointment cycle and application requirements.
- Modify language as it pertains to the peer review processes so as to be in alignment with other business units.
- Corrected internal inconsistency to clearly indicate that there is no right to appeal when loss of privileges is due to automatic suspension.
- Clarify language about the communication flow from MSAC to the Hospitals Board and back.
- Added language to comply with JCAHO standards on medical staff oversight of applicants.
- Redefined the composition of the MSAC, making the executive director, the associate director for professional education, and the CNO ex-officio, non-voting members.
- Created ability to add additional members to the Medical Staff Administrative Committee.
- Corrected titles of various positions used in the document, most notably the Senior Executive Director now serves as head of the medical staff instead of the Executive Director.
- Generally updated language to align with other business units' Medical Staff Bylaws.
- Corrected pagination and several typographical errors.

**RULES AND REGULATIONS AMENDMENTS APPROVED BY THE
MEDICAL STAFF ADMINISTRATIVE COMMITTEE AUGUST 2005
AND FEBRUARY 2004 AND
THE CHRI BOARD SEPTEMBER 27, 2005**

August 2005

- Clarify language to meet new CMS standards for timeliness of history and physical documentation.

February 2004

- Add language pertaining to alternative attending medical staff member coverage.
- Changes made to include "electronic" orders as patient orders where appropriate.
- Updated requirements for several types of patient care orders.
- Revised language related to performance of autopsies and which should be considered a coroner's case.
- Changes made to better reflect required content of medical record, legibility requirements and address who is authorized to make entries in the medical record.
- Updated language regarding confidentiality to conform to federal HIPAA regulations.
- Clarified requirements of discharge summary as well as the process for completion of medical records and notification of attending medical staff as to the delinquency of record requirements.
- Redefined the representation on the OR committee.
- Added language describing the appointment of members and the charge of the Pharmacy and Therapeutics/Drug Utilization Evaluation Committee.
- Streamlined the change and approval process for Rules and Regulations.

Amended James Medical Staff Bylaws

3335-111-01 Medical staff name.

The board of trustees of the Ohio state university, by official action, established "the Arthur G. James cancer hospital and Richard J. Solove research institute (CHRI)." ~~The executive director of the CHRI serves as the chief executive and operating officer of the CHRI and in this capacity is accountable to the senior vice president for health sciences and vice president for health services and the board.~~ Hereinafter, ~~the term "director"~~ shall mean the executive director of the CHRI; the abbreviation "CHRI" shall mean the Arthur G. James cancer hospital and Richard J. Solove research institute; the term "medical staff" shall refer to the medical staff of the cancer hospital and research institute. "The medical staff of the Arthur G. James cancer hospital and Richard J. Solove research institute" shall be the name of the hospital's medical staff organization. In accordance with rules 3335-109-01 to 3335-109-20 of the Administrative Code, the CHRI board has delegated to the medical staff of the CHRI the responsibility to prepare and recommend adoption of these bylaws.

3335-111-02 Purpose.

The purpose of the medical staff of the CHRI shall be:

- (A) Unchanged.
- (B) To ~~provide support education and research programs; to enhance and advance the educational and patient care programs; and, elevate and advance the educational standards of the medical profession~~ our professions, including, but not limited to, undergraduate and graduate pre and post medical or osteopathic students, nursing students, graduate nursing students, undergraduate and graduate pharmacy students, students of the allied medical professions, and students of other health professional colleges; and provide research programs to enhance and advance the educational and patient care programs.
- (C) To provide a means whereby medical problems may be reviewed; ~~joint commission on accreditation of healthcare organizations quality assurance standards adhered to~~ adherence to regulatory and accreditation standards; policies and procedures discussed; and to provide a means for establishing and maintaining standards of professional, medical and educational performance, organization, and discipline within the medical staff and harmonious cooperation and understanding among the units comprising the CHRI.
- (D) Unchanged.

3335-111-03 Patients.

- (A) The continuous care and treatment of individual patients is the medical responsibility of the member of the attending, associate attending, community oncologist attending, clinical or community associate medical staff to whose care the patient is admitted treated at or transferred within to the CHRI, and to an allied health professional being granted clinical privileges under these bylaws.

- (B) There shall be only one category or classification of patients in the CHRI, and those patients are the ~~private~~ patients of the medical staff under whose care they are ~~admitted~~ treated. Patients ~~admitted to treated at~~ the CHRI who, prior to ~~admission~~ treatment, have not requested or selected a member of the medical staff to attend them shall be assigned for their care and treatment to a member of the medical staff ~~by the section chief of the appropriate clinical service or the section chief's designee~~ for their care and treatment.
- (C) Unchanged.
- (D) Students, including pre and post medical or osteopathic, but not limited thereto, shall be under the direction and control of the members of the medical staff to whom the patient is assigned for treatment within the CHRI.

3335-111-04 Membership.

- (A) Qualifications.
- (1) Membership on the medical staff of the CHRI is a privilege extended to allopathic and osteopathic physicians, dentists, oral surgeons, clinical psychologists, and podiatrists who consistently meet the qualifications, standards, and requirements set forth in the bylaws, rules and regulations of the medical staff, and the board of trustees of the Ohio state university. Membership on the medical staff is available on an equal opportunity basis without regard to race, color, creed, religion, ~~sex~~ sexual orientation, national origin, religion, sexual orientation sex, age, handicap, or Vietnam-era veteran status. Doctors of medicine, osteopathic medicine, dentistry, and practitioners of psychology and podiatry in faculty and administrative positions who desire medical staff membership shall be subject to the same policies and procedures as all other applicants for the medical staff.
- (2) All members of the medical staff of the CHRI, except community oncologist attending staff and oncology community associate staff, shall be members of the faculty of the Ohio state university college of medicine and public health, or in the case of dentists, of the Ohio state university college of dentistry, and shall be duly licensed to practice in the state of Ohio. Members of the limited staff shall possess a valid training certificate, or an unrestricted license from the applicable state board based on the eligibility criteria defined by that board. All members of the medical staff and limited staff shall comply with provisions of state law and the regulations of the respective state licensing board. Only those allopathic and osteopathic physicians, dentists, oral surgeons, clinical psychologists, and podiatrists who can document their education, training, experience, competence, ~~health status and judgement adequate to perform the privileges being requested,~~ adherence to the ethics of their profession, dedication to educational and research goals ~~including adherence to practice guidelines implemented by the medical staff,~~ and ability to work with others with sufficient adequacy to assure that any patient treated by them at the CHRI will be given ~~the highest~~ high quality of medical care, shall be qualified for eligibility for

membership on the medical staff of the CHRI. Except for community oncologist attending staff and community associate staff, CHRI medical staff members shall also hold appointments to the medical staff of the Ohio state university hospitals for consulting purposes. Loss of such appointment shall result in immediate termination of membership on the CHRI medical staff and immediate termination of clinical privileges as of the effective date of the Ohio state university hospitals appointment termination. This consequence does not apply to an individual's suspension for completion of medical records. If the medical staff member regains an appointment to the Ohio state university hospitals medical staff, the affected medical staff member shall be eligible to apply for CHRI medical staff membership at that time.

- (3) All members of the medical staff will comply with medical staff and the CHRI policies regarding employee and medical staff health and safety, provision of uncompensated care, and will comply with appropriate administrative directives and policies which, if not followed, could adversely impact overall patient care or may adversely impact the ability of the CHRI employees or staff to effectively and efficiently fulfill their responsibilities. All members of the medical staff will comply with policies adopted by the medical staff administrative committee, including but not limited to policies on disruptive behavior, conflict of interest and access and communication guidelines.
- (4) Exclusion of any medical staff member or allied health professional from participation in any federal or state government program or suspension from participation, in whole or in part, in any federal or state government reimbursement program, shall result in immediate termination of membership on the medical staff of the CHRI and the immediate termination of clinical privileges at the CHRI as of the effective date of the exclusion or suspension. If the medical staff member's or allied health professional's participation in these programs is fully reinstated, the affected medical staff member or allied health professional shall be eligible to apply for membership and clinical privileges at that time. It shall be the duty of all medical staff members and allied health professionals to promptly inform the director of medical affairs of any action taken, or the initiation of any process, which could lead to such action taken by any of these programs.
- ~~(3)~~
- (5) Board certification.

An applicant for membership shall at the time of appointment or reappointment, be and remain board certified in a medical specialty approved by at least one of the American board of medical specialties, or other applicable certifying boards for doctors of osteopathy, podiatry, psychology, and dentistry. All applicants must be and remain certified within the specific areas for which they have requested clinical privileges. An applicant who is an active candidate for board certification at the time of initial appointment or reappointment shall have three

years from the date eligibility was first attained to become board certified. Board certification is a continuing requirement. Whenever ~~recertification is required by a~~ subspecialty board approved herein requires recertification, applicants for appointment or reappointment shall meet the terms of recertification established by their respective subspecialty board or boards. Failure to meet or maintain board certification ~~will~~ may result in immediate termination from the medical staff. This requirement may be waived by vote of the medical staff administrative committee, upon the recommendation of the credentials committee or the director of medical affairs.

(4)
(6) Unchanged.

(5)
(7) Unchanged.

(6)
(8) Any ~~medical staff member or licensed allied health professional whose participation in any federally funded reimbursement program is membership has been terminated by these programs, or who is otherwise excluded or suspended from participation in whole or in part from these programs, shall be prohibited from providing services to individuals covered by federally funded reimbursement programs as of the effective date of the termination, exclusion or suspension pursuant to paragraphs (A)(4), (A)(5) or (A)(7) of this rule shall not be entitled to request a hearing and appeal in accordance with rule 3335-111-06 of the Administrative Code. Continued exercise of clinical privileges for the provision of services to individuals covered by other third party payors or paid by the patient shall be granted or prohibited following consideration by the credentials committee and the director of medical affairs. If the medical staff member's or licensed allied health professional's participation in these programs is not fully reinstated by the expiration of the medical staff member's or licensed allied health professional's then current reappointment term, the affected medical staff member or licensed Any allied health professional will be deemed to have relinquished all whose clinical privileges at that time have been terminated pursuant to paragraph (A)(4) of this rule may not request an appeal in accordance with paragraph (F)(6)(i) of rule 3335-111-07 of the Administrative Code. It shall be the duty of all medical staff members and licensed allied health professionals to promptly inform the director of medical affairs of any action taken, or the initiation of any process which could lead to such action being taken by any of these programs.~~

(7) All patients admitted for podiatric care shall receive the same medical appraisal as all other hospitalized patients. A member of the medical staff who is a doctor of allopathic or osteopathic medicine shall admit the patient and be responsible for the history and physical and medical care that may be required at the time of admission or that may arise during hospitalization, and shall determine the effect of any proposed procedure on

the total health status of the patient. The podiatrist will be responsible for the podiatric care of the patient including the podiatric history and physical examination and all appropriate elements of the patient's record. The podiatrist will be responsible to the chairperson of the department of orthopaedics.

- (8) All patients admitted to the CHRI for oral and maxillofacial surgical care shall receive the same medical appraisal as all other hospitalized patients. Qualified oral and maxillofacial surgeons shall admit patients, shall be responsible for the plan of care for the patients, shall perform the medical history and physical examination, if they have such privileges, in order to assess the medical, surgical, and anesthetic risks of the proposed operative and other procedure(s), and shall be responsible for the medical care that may be required at the time of admission or that may arise during hospitalization. Practitioners of dentistry, who have not been granted privileges as oral and maxillofacial surgeons, may admit patients to the hospital if such patients are being admitted solely to receive care which a dentist may provide without medical assistance, pursuant to the scope of the professional license of the dentist. Practitioners of dentistry and/or podiatry must, in all other circumstances, co-admit patients with a physician member of the medical staff. A physician member of the medical staff will be responsible for any medical problems that the patient has while an inpatient of the hospital. The dentist is responsible to perform and document those parts of the history and physical related to dentistry.

(B) Application for membership.

Initial application for all categories of medical staff membership shall be made by the applicant to the senior executive director or designee on prescribed forms prescribed by the medical staff administrative committee, stating the qualifications and references of the applicant and giving an account of the applicant's current licensure, relevant professional training and experience, current competence and ability to perform the clinical privileges requested. All applications for appointment must specify the clinical privileges requested. Applications may be made only if the qualifications are fulfilled as outlined in paragraph (A) of this rule and recommendations are obtained within a reasonable time from the section chief, chief of the clinical division and the appropriate academic department chairperson. See paragraph (E)(1) of rule 3335-111-07 of the Administrative Code for exceptions to signature requirements. # The application shall include written statements which by the applicant that commit the applicant to abide by the bylaws, rules and regulations of the medical staff, the CHRI hospital board, and the board of trustees of the Ohio state university. The application applicant shall also contain a statement acknowledging that medical staff membership produce a government issued photo identification to verify his/her identity pursuant to hospital/medical staff policy. The applicant for medical staff membership shall agree that membership requires participation in and cooperation with the peer review processes of evaluating credentials, medical staff membership and clinical privileges, and that a condition for membership requires mutual covenants between all members of the medical staff to release

one another from civil liability in these review processes as long as the peer review is not conducted in bad faith, with malice, or without reasonable effort to ascertain the accuracy of information being disclosed or relied upon. A separate record shall be maintained for each applicant requesting appointment to the medical staff.

(C) Terms of appointment.

Initial appointment to the medical staff, except for ~~the~~ honorary and limited categories category, ~~will~~ shall be ~~provisional~~ for a period ~~of six months (but may extend~~ extending to the end of the fiscal year, (first of July through thirtieth of June) or following fiscal year depending upon date on which applicant first becomes eligible for reappointment, not to exceed twenty-four months. Initial appointment, except appointment to the honorary medical staff category, shall be provisional for six months regardless of the date of the appointment. During the period of the provisional appointment, all applicants shall be subject to continuous review and reconsideration pursuant to these bylaws. Full appointment requires the evaluation of the department chair ~~and, in~~ with a positive recommendation. In the case of community ~~oncologists~~ oncology attendings and community ~~oncology~~ oncology associates, receipt of the positive evaluation provided by the department chair or chief of the clinical service in ~~other hospitals~~ the primary hospital in which they hold privileges is required. ~~The burden of proof for providing this information is on the applicant. Extension of medical staff membership and privileges shall be on a biennial basis unless there is a change in employment relationship. The provisional appointee identifies the primary hospital. If, after the six month period, the department chair or chief of clinical services does not recommend the provisional appointee for full appointment, medical staff membership and clinical privileges may be terminated. In the event that an adverse action is taken against a provisional appointee, the provisional appointee shall be entitled to the provisions of due process as outlined in these bylaws.~~

(D) Professional ethics.

The code of ethics as adopted, or as may be amended, by the American medical association, the American dental association, the American osteopathic association, the American ~~society of clinical psychologists~~ psychological association, the American ~~college of surgeons~~, or the American podiatric medical association shall usually govern the professional ethical conduct of the respective members of the medical staff.

(E) Procedure for appointment.

- (1) The completed and signed application for membership ~~on the all categories of the medical staff as defined in rule 3335-111-07 of the Administrative Code~~, shall be presented to the senior executive director or designee. ~~Signing the application constitutes a consent to be interviewed in regard to the application, authorizes appropriate personnel within the CHRI to consult with members of the medical staffs of other hospitals with which the applicant has been or has attempted to be associated, and with others who may have information bearing on the applicant's competence, health status,~~

character and ethical qualifications. The applicant also consents to inspection by CHRI personnel of all records and documents that may be material to the evaluation of professional qualifications and competence to carry out the clinical, medical, and educational privileges for which the applicant is applying as well as professional ethical qualifications for medical staff membership and further releases from any liability all representatives of the CHRI for acts performed concerning this process. The applicant has an affirmative duty to disclose any prior or current challenges to licensure, including voluntary and involuntary relinquishment of such licensure, any loss or limitations of membership in any professional organization, or loss or limitations of medical staff membership or privileges at any other hospital, including voluntary terminations, voluntary or involuntary relinquishment of board certification or DEA certificate, voluntary or involuntary cancellation of professional liability insurance and, at a minimum, final judgments or settlements in malpractice cases. Upon request of the medical staff administrative committee, the applicant will document physical and mental status with sufficient adequacy to demonstrate that any patient treated by the applicant will receive professional care of a generally recognized level of high quality and efficiency. The conditions of this paragraph shall be deemed continuing and may be applicable to issues of continued good standing as a member of the medical staff. Individuals in administrative positions who request medical staff membership or clinical privileges are subject to the same procedures as all other applicants for membership and privileges. The applicant shall include in the application a signed statement indicating the following:

- (a) If the applicant should be appointed to a category of the CHRI medical staff, the applicant agrees to be governed by the bylaws, rules and regulations of the medical staff, the CHRI board, and the board of the trustees of the Ohio state university.
- (b) The applicant consents to be interviewed in regard to the application.
- (c) The applicant authorizes the CHRI to consult with members of the medical staffs of other hospitals with which the applicant has been or has attempted to be associated, and with others who may have information bearing on the applicant's competence, character and ethical qualifications.
- (d) The applicant consents to the CHRI's inspection of all records and documents that may be material to the evaluation of the applicant's professional qualifications and competence to carry out the clinical and educational privileges which the applicant is seeking as well as the applicant's professional and ethical qualifications for medical staff membership.
- (e) The applicant releases from any liability:

- (i) All representatives of the CHRI for acts performed in connections with evaluating the applicant's credentials or releasing information to other institutions for the purpose of evaluating the applicant's credentials in compliance with these bylaws performed in good faith and without malice; and
 - (ii) All third parties who provide information, including otherwise privileged and confidential information, to members of the medical staff, the CHRI staff, the CHRI board members, and members of the Ohio state university board of trustees concerning the applicant's credentials performed in good faith and without malice.
- (f) The applicant has an affirmative duty to disclose any prior termination, voluntary or involuntary, current loss, restriction, denial, or the voluntary or involuntary relinquishment of any of the following: professional licensure, board certification, DEA registration, membership in any professional organization or medical staff membership or privileges at any other hospital or health care facility.
- (g) The applicant further agrees to disclose to the director of medical affairs of the CHRI the initiation of any process which could lead to such loss or restriction of the applicant's professional licensure, board certification, DEA registration, membership in any professional organization or medical staff membership or privileges at any other hospital or health care facility.
- (h) The applicant agrees that acceptance of an appointment to any category of the CHRI medical staff authorizes the CHRI to conduct any appropriate health assessment including, but not limited to, drug or alcohol screens on a practitioner before granting of privileges and at any time during the normal pursuit of medical staff duties, based upon reasonable cause as determined by the chief of the practitioner's clinical department or the director of medical affairs of the CHRI or their authorized designees.
- (2) The director or designee will forward the application to the chairperson of the appropriate academic department for review and verification of faculty status. The director or designee will forward the application to the section chief to which the applicant is being appointed. The chairperson and the section chief shall signify their recommendation on the signature page of the application. The purpose of the health assessment shall be to ensure that the applicant or appointee to the CHRI medical staff is able to fully perform and discharge the clinical, educational, administrative and research responsibilities which the applicant or appointee would or is permitted to exercise by reason of medical staff appointment. At the time of the initial request for a health assessment, and at any time an appointee refuses to participate as needed in a health

assessment, including, but not limited to, a drug or alcohol screening, the department chief, division or department directors, or the director of medical affairs may impose a summary suspension per paragraph (D) of rule 3335-111-05 of the Administrative Code. Upon request of the medical staff administrative committee or CHRI board, the applicant or appointee will document their physical/mental status with sufficient adequacy to demonstrate that any patient treated by the applicant or appointee will receive efficient and quality care at a professionally recognized level of quality and efficiency. The conditions of this paragraph shall be deemed continuing and may be applicable to issues of continued good standing as an appointee to the medical staff.

- (3) ~~When application is complete, the credentials committee will be responsible for investigating and verifying the character, qualifications, and professional standing of the applicant and shall submit a report of those findings and recommendations to the medical staff administrative committee for action and recommendation to the CHRI board. The chairman of the credentials committee shall be responsible to see that each complete application is reviewed and processed within ninety days.~~

~~The ninety day time period is a guideline only and does not create any right to have an application processed within this precise period. This period may be stayed or altered pending receipt and verification of further information requested from the applicant, or if the application is deemed incomplete at any time. If the procedural rights specified in rule 3335-111-05 of the Administrative Code are activated, the time requirements provided therein govern the continued processing of the application.~~ An application for membership on the medical staff shall be considered complete when all the information requested on the application form is provided, the applicant signs the application and the information is verified. A completed application must contain:

- (a) Peer recommendations from an individual(s) knowledgeable about the applicant's current clinical and professional skills;
- (b) Evidence of required immunizations;
- (c) Evidence of current professional liability coverage;
- (d) Satisfaction of ECFMG requirements, if applicable;
- (e) Verification by primary source documentation of:
 - (i) Current and previous state licensure, and
 - (ii) Faculty appointment, when applicable.
- (f) DEA registrations, when required for the exercise of requested clinical privileges;
- (g) Graduation from an accredited professional school, when applicable;

- (h) Successful completion or record of post professional graduate medical education;
 - (i) Board certification or active candidacy for board certification;
 - (j) Information from the national practitioner data bank and other JCAHO approved sources;
 - (k) Verification that the applicant has not been excluded from any federally funded health care program; and
 - (l) Complete disclosure by the applicant of all past and current claims, suits, verdicts, and settlements, if any.
- (4) ~~The medical staff administrative committee (see paragraph (B) of rule 3335-111-10 of the Administrative Code) shall recommend to the director, the appropriate academic department chairperson, and the section chief that the application be accepted, further investigated, or rejected. The director will forward the candidate's qualifications, with recommendations to the Arthur G. James Cancer Hospital and Richard J. Solove Research Institute Board (herein CHRI board). Under certain circumstances, the application may be reviewed and approved by a designated subcommittee of the CHRI board prior to presentation to the full board. Following approval by the CHRI board or the designated subcommittee of the CHRI board, the candidate is eligible to participate in patient care activities as defined on the approved clinical privilege form. In order for an applicant to be eligible for expedited approval by the subcommittee of the CHRI board, the application must contain no significant prior unresolved malpractice actions, no reference problems, few prior hospital affiliations and no reports of disciplinary action, licensure restrictions, involuntary limitations on clinical privileges, medical staff membership or any type of competency issue. The expedited process is intended to streamline only the approval process. It does not modify the credentials verification process. The department chair shall be responsible for investigating and verifying the character, qualifications and professional standing of the applicants by making inquiry of the primary source of such information and shall within thirty days of receipt of the completed application, submit a report of those findings along with a recommendation on medical staff membership and clinical privileges to the applicant's respective CHRI section chief. Licensed allied health professional applicants will have their department chair's report submitted to the subcommittee of the credentials committee charged with review of applications for associates to the medical staff.~~
- (5) ~~When the CHRI board has acted, The section chiefs shall receive all initial signed and verified applications from the appropriate department chairs and shall make a recommendation to the director of medical affairs of the CHRI shall transmit the decision in writing to the applicant on each application. The director of medical affairs shall~~

also notify the chairperson of the appropriate academic department make an initial determination as to whether the application is complete. The director of medical affairs shall forward all completed applications to the credentials committee.

- (6) The applicants shall have the burden of producing information for an adequate evaluation of his/her qualifications for membership and for the clinical privileges requested. If the applicant fails to complete the prescribed forms or fails to provide the information requesting within sixty days of receipt of the signed application, processing of the application shall cease and the application shall be deemed to have been voluntarily withdrawn, action which is not subject to hearing or appeal pursuant to rule 3335-111-06 of the Administrative Code.
- (7) If the department chair does not submit a report and recommendation on a timely basis, the completed application shall be forwarded to the director of medical affairs for presentation to the credentials committee on the same basis as other applicants.
- (8) Completed applications shall be acted upon as follows:

 - (i) By the credentials committee within thirty days after receipt of a completed application from the director of medical affairs;
 - (ii) By the medical staff administrative committee within thirty days after receipt of a completed application and the report of the recommendation of the credentials committee;
 - (iii) By the professional affairs committee of the CHRI board; and
 - (iv) By the CHRI board within one hundred twenty days after receipt of a completed application and the report and recommendation of the medical staff administrative committee.
 - (v) By the CHRI board, or a subcommittee of the board if expedited credentials are granted, within one hundred twenty days after receipt of a completed application and the report and recommendation of the medical staff administrative committee.
- (9) These time periods are deemed guidelines only and do not create any right to have an application processed within these precise periods. These periods may be stayed or altered pending receipt and verification of further information requested from the applicant, or if the application is deemed incomplete at any time. If the procedural rights specified in rule 3335-111-06 of the Administrative Code are activated, the time requirements provided therein govern the continued processing of the application.

- (10) The credentials committee shall review the application, evaluate and verify the supporting documentation, references, licensure, the department chair's report and recommendation, and other relevant information. The credentials committee shall examine the character, professional competence, qualifications, and ethical standing of the applicant and shall determine, through information contained in the personal references and from other sources available, whether the applicant established and met all of the necessary qualifications for the category of the medical staff and clinical privileges requested.
- (11) The credentials committee shall, within thirty days from receipt of a completed application, make a recommendation to the director of medical affairs that the application be accepted, rejected or modified. The director of medical affairs shall forward the recommendation of the credentials committee to the medical staff administrative committee. The credentials committee or the director of medical affairs may recommend to the medical staff administrative committee that certain applications for appointment be reviewed in executive session.
- (12) The recommendation of the medical staff administrative committee regarding an appointment decision shall be made within thirty days of receipt of the credentials committee recommendation and shall be communicated by the director of medical affairs, along with the recommendation of the director of medical affairs, to the professional affairs committee of the CHRI board, and thereafter to the CHRI board. When the CHRI board has acted, the chair of the board shall instruct the director of medical affairs to transmit the final decision to the department chair, the applicant, and the respective section chief.
- (13) At any time, the medical staff administrative committee first recommends non-appointment of an initial applicant for any category of the medical staff or recommends denial of any clinical privileges requested by the applicant, the medical staff administrative committee shall require the director of medical affairs to notify the applicant by certified return receipt mail that applicant may request an evidentiary hearing as provided in paragraph (D) of rule 3335-111-06 of the Administrative Code. The applicant shall be notified of the requirement to request a hearing as provided by paragraph (B) of rule 3335-111-06 of the Administrative Code.
- (14) The director of medical affairs, who may make a separate recommendation to the CHRI board, shall directly communicate the final recommendation of the medical staff administrative committee to the CHRI board. When the CHRI board has acted, the director of medical affairs will transmit the final decision to the department chair, the applicant, the respective section chief, and the Ohio state university board of trustees.

(F) Procedure for reappointment.

- (1) ~~At least sixty days prior to the scheduled final medical staff administrative committee meeting of the fiscal year (first of July through thirtieth of June), the chairperson of the appropriate academic department and each section chief shall review medical staff members for the purpose of determining recommendations for reappointment to the medical staff and for granting clinical privileges for the ensuing two years. Those recommendations shall be transmitted in writing to the director at least thirty days prior to the scheduled final medical staff administrative committee meeting of the fiscal year. The credentials committee shall review each applicant's quality assurance record to see that the same level of quality care is delivered by all medical staff members with similar delineated clinical privileges across all sections and across all categories of medical staff membership. The applicant, for reappointment or renewal of clinical privileges, may be required to submit evidence of current ability to perform privileges requested. Where reappointment is recommended the subsequent procedure will be the same as upon appointment, but, in addition, the individual's adherence to quality assurance standards as well as cooperation with and participation in other peer review activities will be taken into account. Where a recommendation to not reappoint or to change clinical privileges is made, the reason for such recommendation shall be stated. The director of medical affairs will forward the appropriate recommendations to the medical staff administrative committee. Reappointment for all categories of the medical staff shall be for a period not to exceed twenty-four months. At least ninety days prior to the end of the medical staff member's or licensed allied health professional's appointment period, the department chair shall provide each individual with an application for reappointment to the medical staff on forms prescribed by the medical staff administrative committee.~~
- (2) ~~The basis on which the chairperson of the academic department and the section chiefs of the CHRI are to act in regard to the reappointment of a medical staff member and the clinical privileges to be granted upon such reappointment shall be a member's professional competence; clinical judgment; ethical conduct; current licensure, listing of CME units, fifty per cent of which shall relate to the applicant's clinical specialty and are consistent with the licensing requirements of the applicable state professional board and privileges requested; health status, including any reasonable evidence and/or health assessment that may be requested by the credentials committee, the medical staff administrative committee or committee on physician health; annual PPD test; participation in clinical research programs; participation in staff affairs including attendance at committees to which member has been appointed or elected; compliance with the bylaws, rules and regulations of the medical staff including quality assurance responsibilities, and the board of trustees of the Ohio state university; cooperation with CHRI personnel; relations with other physicians, other health professionals or other staff;~~

~~professional attitude toward patients; clinical and technical skills as indicated in part by the results of monitoring and evaluation activities; adherence to the access and communication standards; and, fulfillment of responsibilities to the university and the public. Continued membership on the medical staff requires participation in the patient care activities of the CHRI. A staff member who fails to admit patients or engage in comparable patient care activities in the CHRI (as determined by the director of medical affairs) for the preceding year will not be eligible for reappointment to the medical staff. The candidate may reapply for membership on the medical staff by procedures set forth in this rule subject to the same provisions and probation as new applicants for membership. The reappointment application shall include all information necessary to update and evaluate the qualification of the applicant. The department chair shall review the information available on each applicant for reappointment and shall make recommendations regarding reappointment to the medical staff and for granting of privileges for the ensuing appointment period. The department chair's recommendation shall be transmitted in writing along with the signed and completed reappointment forms to the appropriate section chief at least forty-five days prior to the end of the individual's appointment. The terms of paragraphs (A), (B), (C), (D), (E)(1), and (E)(2) of this rule shall apply to all applicants for reappointment. Only completed applications for reappointment shall be considered by the credentials committee.~~

- (3) ~~When the medical staff administrative committee is notified of a recommendation not to reappoint or of a reduction, suspension or revocation of clinical privileges, they shall instruct the director to give the affected member written notice of the decision, the stated reason for the decision, and the member's right to a hearing pursuant to paragraphs (A) and (B) of rule 3335-111-06 of the Administrative Code. This notification and an opportunity to exhaust the administrative appeal process shall occur prior to the imposition of the proposed penalties unless the emergency provisions outlined in paragraph (D) of rule 3335-111-05 of the Administrative Code apply. The notice by the director shall be sent certified return receipt mail to the affected member's last known address as determined by university records. An application for reappointment is complete when all the information requested has been submitted and/or verified. A completed reappointment application must contain:~~

- (a) Peer recommendation from an individual(s) knowledgeable about the applicant's clinical and professional skills when sufficient information concerning the applicant is not available within the clinical department;
- (b) Evidence of current professional liability insurance;
- (c) Verification by primary source documentation of state licensure;

- (d) DEA registration when required for clinical privileges as requested;
 - (e) Successful completion or record of any additional post graduate medical or professional education not submitted since initial or last appointment;
 - (f) Board certification, recertification, or continued active candidacy for certification;
 - (g) Information from the national practitioner data bank;
 - (h) Verification that the applicant has not been excluded from any federally funded health care program;
 - (i) Specific requests for any changes in clinical privileges sought at reappointment with supporting documentation as required by credentialing guidelines;
 - (j) Specific requests for any changes in medical staff category;
 - (k) A summary of the member's clinical activity during the previous appointment period;
 - (l) Verification of completion of any annual education requirements as set forth in the university integrity and HIPAA programs;
 - (m) Complete disclosure by individuals of claims, suits, verdicts and settlements, if any since last appointment; and
 - (n) Continuing medical education and applicable continuing professional education activities; documentation of category one CME that, at least in part, relates to the individual medical staff member's specialty or subspecialty area and is consistent with the licensing requirements of the applicable Ohio state licensing board shall be required.
- (4) If the affected member of the medical staff does not make a written request for a hearing to the director within thirty-one days after receipt of the adverse decision, it shall be deemed a waiver of the member's right to any review by the medical staff administrative committee to which the member might otherwise have been entitled on the matter. It also means that all other avenues of redress are also waived. The applicant for reappointment shall be required to submit any reasonable evidence of current ability to perform the clinical privileges requested. The department chair shall review and evaluate the reappointment application and the supporting documentation. The department chair shall evaluate all matters relevant to recommendation, including: the applicant's professional competence; clinical judgment; clinical or technical skills; ethical conduct; participation in medical staff affairs, if applicable; compliance with the bylaws, rules and

regulations of the medical staff, the CHRI board, and the board of trustees of the Ohio state university; cooperation with the CHRI hospitals personnel and the use of the CHRI hospital's facilities for patients; relations with other physicians other health professionals or other staff; maintenance of a professional attitude toward patients; and the responsibility to the CHRI and the public.

- (5) If a timely, written request for hearing is made, the procedures set forth in rule 3335-111-06 of the Administrative Code shall apply. The department chair shall submit a report of those findings along with a recommendation on reappointment to the applicant's respective CHRI section chief. Licensed allied health professional applicants will have their department chair's report submitted to the subcommittee of the credentials committee charged with review of application for associates to the medical staff. The section chief shall review the reappointment application and forward to the director of medical affairs with a recommendation for reappointment. The director of medical affairs shall forward the reappointment forms and the recommendations of the department chair and section chief to the credentials committee. The credentials committee shall review the request for reappointment in the same manner, and with the same authority, as an original application for medical staff membership. The credentials committee shall review all aspects of the reappointment application including source verification of the member's quality assurance record for continuing membership qualifications and for continuing clinical privileges. The credentials committee shall review each member's performance-based profile to ensure that all medical staff members deliver the same level of quality of care with similar delineated clinical privileges across all clinical departments and across all categories of medical staff membership.
- (6) The final action of the medical staff administrative committee regarding a reappointment decision will be communicated by the director, along with the recommendation of the director of medical affairs, to the professional affairs committee of the CHRI board, and thereafter to the CHRI board. The CHRI board shall make a final decision and instruct the director to notify the same parties as directed in paragraph (E)(5) of this rule. The credentials committee shall forward its recommendations to the director of medical affairs at least thirty days prior to the end of the period of appointment for the individual. The director of medical affairs shall transmit the completed reappointment application and recommendation of the credentials committee to the medical staff administrative committee.
- (7) Failure of the member to submit a reappointment application shall be deemed a voluntary resignation from the medical staff and shall result in automatic termination of membership and all clinical privileges at the end of the medical staff member's current appointment period, action which shall not be subject to a hearing or appeal pursuant to rule 3335-111-06 of the Administrative Code. A request for reappointment subsequently received from a member

who has been automatically terminated shall be processed as a new appointment.

- (8) Failure of the department chairperson to act in a timely manner on an application for reappointment shall be the same as provided in paragraph (E)(7) of this rule.
- (9) The medical staff administrative committee shall review each request for reappointment in the same manner and with the same authority as an original application for appointment to the medical staff and shall accept, reject, or modify the request for reappointment in the same manner and with the same authority as an original application. The recommendation of the medical staff administrative committee regarding reappointment shall be communicated by the director of medical affairs, along with the recommendation of the director of medical affairs, to the professional affairs committee of the CHRI board, and thereafter to the CHRI board. When the CHRI board has acted, the chair of the board shall instruct the director of medical affairs to transmit the final decision to the department chairperson, the applicant, and the section chief.
- (10) When the decision of the medical staff administrative committee results in a decision of non-reappointment or reduction, suspension, or revocation of clinical privileges, the medical staff administrative committee shall instruct the director of medical affairs to give written notice to the affected member of the decision, the stated reason for the decision, and the member's right to a hearing pursuant to rule 3335-111-06 of the Administrative Code. This notification and an opportunity to exhaust the appeal process shall occur prior to an adverse decision unless the provisions outlined in paragraph (C) of rule 3335-111-06 of the Administrative Code apply. The notice by the director of medical affairs shall be sent certified return receipt mail to the affected member's last known address as determined by the Ohio state university records.
- (11) If the affected member of the medical staff does not make a written request for a hearing to the director of medical affairs within thirty-one days after receipt of the adverse decision, it shall be deemed a waiver of the right to any hearing or appeal as provided in rule 3335-111-06 of the Administrative Code to which the staff member might otherwise have been entitled on the matter. If a timely, written request for hearing is made, the procedures set forth in rule 3335-111-06 of the Administrative Code shall apply.
- (G) Resumption of clinical activities following a leave of absence: a member of the medical staff who takes a leave of absence for medical reasons has the duty to disclose to his or her department chairperson and the director for medical affairs any medical leave of absence that may potentially impact his or her ability to discharge his or her clinical and or teaching responsibilities. Upon return from a leave of absence for medical reasons the medical staff member must demonstrate his or her ability to exercise his or her clinical privileges upon return to clinical activity. The credentials committee, the director of medical affairs, the chief of the clinical service or

the medical staff administrative committee shall have the authority to require any documentation, including advice and consultation from the committee for licensed independent practitioner health that might have a bearing on the medical staff member's ability to carry out the clinical and educational responsibilities for which the medical staff is seeking privileges. All members of the medical staff who take a leave for medical or non-medical reasons must be in good standing on the medical staff upon resumption of clinical activities. The usual procedures for reappointment, including deadlines for submission of application as set forth in paragraph (F) of this rule will apply irrespective of the nature of the leave.

3335-111-05 ~~Corrective~~ Peer review and corrective action.

(A) Informal review.

All medical staff members agree to cooperate in review activities that are solely intended to improve the quality of medical care provided to patients at the CHRI and by the individual medical staff member. Such activities may include the handling and informal review of complaints, including patient complaints, disagreements, questions of clinical competence, or conduct and variation in clinical practice identified by the clinical sections or divisions and medical staff committees. The resulting information from such activities shall be furnished to the applicable academic department chair and section chief. Upon review by the section chief, and with concurrence of the director of medical affairs, the review activity may result in consultation with the medical staff member, recommendations for educational actions or additional training, sharing of comparative data, monitoring, informal letters of reprimand or warning or other methods of guidance to the medical staff member to assist them in improving the quality of patient care outside of the mechanism for formal review in paragraph (B) of this rule. Such actions are not regarded as adverse, do not require reporting to any governmental or other agency, and do not invoke a right to any hearing. In each case under review, an initial written determination shall be made by the section chief and the director of medical affairs whether:

(1) and (2) unchanged.

(3) Peer review under paragraph (B) of this rule is warranted. In cases where the section chief and director of medical affairs cannot agree, the matter shall be submitted and determined as set forth in paragraph (B) of this rule. The section chief and the director of medical affairs shall determine whether it is appropriate to include documentation of such actions in the medical staff member's file. If documentation is included in the member's file, the affected member shall have an opportunity to review it and may make a written response, which shall also be placed in the member's file.

(B) Peer review.

(1) Unchanged.

(2) Peer review may be initiated by a department chair, the section chief, the director of medical affairs, any member of the medical staff, the director of the CHRI, the dean of

the college of medicine and public health, any member of the CHRI board, or the vice president for health services. All requests for peer review shall be in writing, shall be submitted to the director of medical affairs, and shall be supported by reference to the specific activities or conduct which constitute grounds for the requested action.

~~(2)~~

(3) Unchanged.

~~(3)~~

(4) Unchanged.

~~(4)~~

(5) The peer review committee shall investigate every request and shall report in writing within thirty days its findings and recommendations for action to the appropriate ~~academic~~ clinical department ~~chairperson~~ chief and ~~notice given to the~~ section chief. In making its recommendation the peer review committee may consider as appropriate, relevant literature and clinical practice guidelines, all the opinions and views expressed throughout the review process, and any information or explanations provided by the member under review. Prior to making its report, the medical staff member against whom the action has been requested shall be afforded an opportunity for an interview with the peer review committee. At such interview, the medical staff member shall be informed of the specific activities alleged to constitute grounds for peer review, and shall be afforded the opportunity to discuss, explain or refute the allegations against the medical staff member. The medical staff member may furnish written or oral information to the peer review committee at this time. However, such interview shall not constitute a hearing, but shall be investigative in nature. The medical staff member shall not be represented by an attorney at this interview.

~~(5)~~

(6) Upon receipt of the written report from the peer review committee, the appropriate ~~academic~~ clinical department ~~chairperson~~ chief shall, within seven days, make his or her own written determination and forward that determination along with the findings and recommendations of the peer review committee to the director of medical affairs, or if required by paragraph (B)(3) of this rule, to the senior vice president for health sciences or designee.

~~(6)~~

(7) Following receipt of the recommendation from the ~~academic~~ clinical department ~~chairperson~~ chief and the report from the peer review committee, the director of medical affairs, or the senior vice president for health sciences or designee, shall have ten days to approve or to modify the determination of the ~~academic~~ clinical department chairperson. Following receipt of the report of the ~~academic~~ clinical department chairperson, the director of medical affairs or senior vice president for health sciences or designee shall decide whether the grounds for the requested corrective action are such as should result in a reduction, suspension or revocation of clinical privileges. If the director of medical affairs, or senior vice president for health sciences or designee, decides the

grounds are not substantiated, the director of medical affairs will notify the peer review committee; department chairperson; section chief; person(s) who filed the complaint and the affected medical staff member, in writing, that no further action will be taken.

In the event the director of medical affairs or senior vice president for health sciences or designee finds the grounds for the requested corrective action are substantiated, the director of medical affairs shall promptly notify the affected medical staff member of that decision and of the affected medical staff member's right to request a hearing before the medical staff administrative committee pursuant to rule 3335-111-06 of the Administrative Code. The written notice shall also include a statement that the medical staff member's failure to request a hearing in the timeframe prescribed in rule 3335-111-06 of the Administrative Code shall constitute a waiver of rights to a hearing and to an appeal on the matter; a statement that the affected medical staff member shall have the procedural rights found in rule 3335-111-06 of the Administrative Code; and a copy of the rule 3335-111-06 of the Administrative Code. This notification and an opportunity to exhaust the administrative hearing and appeal process shall occur prior to the imposition of the proposed corrective action unless the emergency provisions outlined in paragraph (D) of this rule apply. This written notice by the director of medical affairs shall be sent certified return receipt mail to the affected medical staff member's last known address as determined by university records.

~~(7)~~

(8) Unchanged.

~~(8)~~

(9) Unchanged.

(C) Composition of peer review committee.

(1) When the determination that peer review is warranted is made, the ~~section~~ clinical department chief shall select three members of the medical staff to serve on a peer review committee.

(2) Whenever the questions raised concern the clinical competence of the member under review, the ~~section~~ clinical department chief shall select members of the medical staff to serve on the peer review committee who shall have similar levels of training and qualifications as the member who is subject to peer review.

(3) An outside review consultant may serve as a member of the peer review whenever:

(a) A determination is made by the ~~section~~ clinical department chief and the director of medical affairs that the clinical expertise needed to conduct the review is not available on the medical staff;

(b) and (c) unchanged.

If an outside reviewer is recommended, the section clinical department chief shall make a written recommendation to the director of medical affairs for selection of an outside reviewer. The director of medical affairs shall make the final selection of an outside reviewer.

(D) Summary suspension.

- (1) Notwithstanding the provisions of this rule, a member of the medical staff shall have all or any portion of clinical privileges immediately suspended or appointment terminated by the senior executive director or section chief, ~~in consultation with the section chief and the director of medical affairs~~ whenever such action must be taken in the best interest of patient care. Such summary suspension shall become effective immediately upon imposition and the ~~medical staff member~~ senior executive director will ~~be subsequently notified~~ notify the medical staff member in writing of the suspension ~~by the director~~. Such notice shall be by certified return receipt mail to the affected medical staff member's last known address as determined by university records.
- (2) A medical staff member whose privileges have been summarily suspended or whose appointment has been terminated shall be entitled to appeal the suspension pursuant to rule 3335-111-06 of the Administrative Code. If the affected member of the medical staff does not make a written request for a hearing to the senior executive director within thirty-one days after receipt of the adverse decision, it shall be deemed a waiver of the affected member's right to any review by the medical staff administrative committee of which the member might otherwise been entitled. If a timely, written request for a hearing is made, the procedures set forth in rule 3335-111-06 of the Administrative Code shall apply.
- (3) Immediately upon the imposition of a summary suspension, the senior executive director in consultation with the appropriate section chief, shall have the authority to provide for alternative medical coverage for the patients of the suspended medical staff member who remain in the hospital at the time of suspension. The wishes of the patient shall be considered in the selection of such alternative medical coverage. While a summary suspension is in effect, the member of the medical staff is ineligible for reappointment to the medical staff. Medical staff and hospital administrative duties and prerogatives are suspended during the summary suspension.

(E) Automatic suspension.

- (1) Notwithstanding the provisions of this rule, a temporary suspension in the form of withdrawal of a medical staff member's admitting privileges, effective until medical records are completed, may be imposed automatically by the senior executive director after a warning, in writing, of delinquency for failure to complete medical records as defined by the rules and regulations of the medical staff.
- (2) Action by the state boards of licensure revoking or suspending a medical staff member's licensure or placing

the member on probation ~~will~~ shall automatically ~~suspend~~ impose the same restrictions to that member's CHRI medical staff privileges.

- (3) Failure to maintain the minimum required type and amount of professional liability insurance with an approved insurer, shall result in immediate and automatic suspension of a medical staff member's appointment and privileges until such time as proof of appropriate insurance coverage is furnished. In the event such proof is not provided within ten days of such suspension, the medical staff member shall be deemed to have voluntarily terminated his or her appointment and privileges.
- (4) Upon exclusion, debarment, or other prohibition from participation in any state or federal health care reimbursement program, or a federal procurement or non-procurement program, the medical staff member's appointment and privileges shall be immediately and automatically suspended until such time as the exclusion, debarment, or prohibition is lifted.
- (5) If a medical staff member pleads guilty to or is found guilty of a felony which involves violence or abuse upon a person, conversion, embezzlement, or misappropriation of property; fraud, bribery, evidence tampering, or perjury; or a drug offense, the medical staff member's appointment and privileges shall be immediately and automatically terminated.
- (6) Whenever a medical staff member's drug enforcement administration (DEA) or other controlled substances number is revoked, he or she shall be immediately and automatically divested of his or her right to prescribe medications covered by the number.
- (7) When a medical staff member's DEA or other controlled substances number is suspended or restricted in any manner, his or her right to prescribe medications covered by the number is similarly automatically suspended or restricted during the term of the suspension or restriction.
- (8) No medical staff member shall be entitled to the procedural rights set forth in rule 3335-111-06 of the Administrative Code as a result of an automatic suspension or termination. As soon as practicable after the imposition of an automatic suspension, the medical staff administrative committee shall convene to determine if further corrective action is necessary. Any further action with respect to an automatic suspension must be taken in accordance with this rule.

3335-111-06 Hearing and appellate review procedure.

- (A) Right to hearing before the medical staff administrative committee and to appellate review.
 - (1) When a member of the medical staff has exhausted remedies under paragraph (F) of rule 3335-111-04 of the Administrative Code on reappointments; or under rule 3335-111-05 of the Administrative Code for corrective action; or who has been summarily ~~or automatically~~

suspended under paragraph (D) ~~or (E)~~ of rule 3335-111-05 of the Administrative Code receives notice of a proposed action by the senior executive director or the director of medical affairs that will adversely affect reappointment as a member of the medical staff or the exercise of clinical privileges, the staff member shall be entitled to an adjudicatory hearing.

(2) Unchanged.

(B) Request for hearing.

(1) The request for a hearing shall be submitted in writing by the affected medical staff member to the senior executive director within thirty-one days of notifications by the senior executive director of the intended action. The senior executive director shall forward the request to the medical staff administrative committee along with instructions to convene a hearing.

(2) The failure of a medical staff member to request a hearing to which the member is entitled by these bylaws within the time and in the manner herein provided, shall be deemed a waiver of the member's right to any review by the medical staff administrative committee to which the member might otherwise been entitled. The senior executive director shall then implement the decision and that action shall become and remain effective against the medical staff member in the same manner as a final decision of the CHRI board as provided for in paragraph (E) of this rule. The senior executive director shall promptly inform the affected medical staff member that the proposed decision, which had entitled the medical staff member to a hearing, has now become final.

(C) Notice of hearing.

(1) After receipt of a timely request for hearing by the senior executive director from a medical staff member entitled to such hearing, the medical staff administrative committee shall be notified of the request for hearing by the senior executive director, and shall at the next scheduled meeting take the following action:

(a) Instruct the director of medical affairs and chief of staff to jointly appoint within seven days a hearing committee, consisting of three to five members of the medical staff who are not members of the medical staff administrative committee, are not direct competitors, do not have a conflict of interest, and who have not previously participated in the peer review of the matter under consideration.

(b) Instruct the hearing committee to schedule and arrange for a hearing or hearings which initial hearing or meeting shall be conducted not less than ~~fourteen~~ thirty nor more than ~~thirty six~~ sixty days from the date of the ~~medical staff administrative committee meeting wherein the notice of receipt of the request for a hearing was received by the senior executive director.~~ However, an initial hearing or meeting for a medical staff member who is under summary

suspension, which is then in effect, shall be held as soon as arrangements may be reasonably made.

- (2) The medical staff member shall be given at least ten days prior notice of the scheduled hearing, provided that ~~this notice may be waived in writing by the medical staff member~~ may waive this notice in writing. Notice shall be by certified return receipt mail to the staff member at the staff member's last known address as reflected by university records. The notice of hearing shall state in concise language the acts or omissions with which the medical staff member is charged; a list of representative charts or documents being used; names of potential witnesses to be called; and any other reason or evidence that may be considered by the hearing committee during the hearing.

(D) Conduct of hearing.

(1) through (5) unchanged.

- (6) The affected medical staff member shall have the following rights: to be represented by an attorney at law and to call and examine witnesses; to introduce evidence; to cross-examine any witnesses on any matter relevant to the issue of the hearing; and to challenge any witness and to rebut any evidence. If the medical staff member does not testify in his/her own behalf, the member may be called and examined as if under cross-examination.

- (7) The hearing committee shall request the person who has taken the action from which the affected medical staff member has requested the hearing to present evidence to the hearing committee in support of the adverse recommendation. The hearing committee may proceed to hear evidence and testimony from either party in whatever order the hearing committee deems appropriate. The hearing committee may call its own witnesses, may recall any ~~parties~~ party's witnesses, and may question witnesses as it deems appropriate. All parties shall be responsible to secure the attendance of their own witnesses. All witnesses and evidence received by the hearing committee shall be open to challenge and cross-examination by the parties. Witnesses shall not be placed under oath. At the close of the evidence the hearing committee may request each party to make summary statements, either oral or written.

(8) through (13) unchanged.

(E) Appeal process.

- (1) Within ~~fourteen~~ thirty days after receipt of a notice by an affected medical staff member of the action of the medical staff administrative committee the staff member may, by written notice to the chairperson of the CHRI board, request an appeal. Such appeal shall only be held on the record before the medical staff administrative committee.
- (2) If an appeal is not requested within the ~~fourteen-day~~ thirty-day period, the affected medical staff member shall be

deemed to have waived the right to an appeal, and to have accepted such adverse decision.

- (3) through (6) unchanged.
- (7) Any final decision by the CHRI board shall be communicated by the senior executive director by certified return receipt mail to the affected medical staff member at the member's last known address as determined by university records. The senior executive director shall also notify in writing the senior vice president for health sciences, the dean of the college of medicine and public health, the chief medical officer of OSU health system, the vice president for health services, the director of medical affairs, chief of staff, the section chief, academic department chairperson and the person(s) who initiated the request for peer review. The senior executive director shall take immediate steps to implement the final decision.

3335-111-07 Divisions of the medical staff.

The medical staff of the CHRI shall be divided into honorary, attending, associate attending, clinical, community oncologist attending, community associate, and limited designations. All medical staff members with admitting privileges may admit patients in accordance with state law and criteria for standards of care established by the medical staff.

(A) Honorary staff.

The honorary staff will be composed of those individuals recognized for outstanding reputation, notable scientific and professional contributions, and high professional stature in an oncologic field of interest. They shall enjoy all privileges and responsibilities of attending staff appointments except patient care privileges and the right to vote and hold elected office in the medical staff organization. The honorary staff designation is awarded by the CHRI board on the recommendation of the senior executive director of the CHRI, senior vice president for health sciences, section chief, or the credentials committee after approval by the medical staff administrative committee. This is a life-time appointment.

(B) Attending staff.

(1) Qualifications:

The attending staff shall consist of the senior executive director, and those regular faculty members of the colleges of medicine and public health and dentistry who are licensed in the state of Ohio with a proven career commitment to oncology as demonstrated by:

Training.

Current American board of medical specialties certification, if applicable.

Publications.

Grant funding.

Other funding and experience (as deemed appropriate by the senior executive director and the section chief);

And, whose clinical and teaching responsibilities are assigned by their respective academic chairpersons to one hundred per cent time in the CHRI and who satisfy the requirements and qualifications set forth in rule 3335-111-04 of the Administrative Code.

(2) Prerogatives:

Attending staff members may:

- (a) Admit patients consistent with the balanced teaching and patient care responsibilities of the institution. When, in the judgment of the director of medical affairs, a balanced teaching program is jeopardized, following consultation with the senior executive director and chairperson of the appropriate academic department, and with the concurrence of a majority of the medical staff administrative committee, the director of medical affairs may restrict admissions. Imposition of such restrictions shall not entitle the attending staff member to the procedures of paragraph (F) of rule 3335-111-05 of the Administrative Code and rule 3335-111-06 of the Administrative Code.

(b) through (d) unchanged.

(3) Unchanged.

(C) and (D) unchanged.

(E) Community oncologist attending staff.

(1) Qualifications:

The community oncologist attending (COA) staff shall consist of medical staff members who do not have faculty appointments in any of the academic units of the Ohio state university, are licensed in the state of Ohio with a proven career commitment to oncology as demonstrated by:

Training.

Current American board of medical specialties certification, if applicable.

Practice profile.

Membership - professional oncology societies.

Publications.

Grant funding.

Other funding and experience (as approved by the CHRI senior executive director);

Individual COA staff utilization expectations shall be determined by the CHRI senior executive director with the advice of the CHRI director of medical affairs and shall be intended to provide optimal access for patients to the CHRI that does not interfere with the service, research, or educational activities and priorities of the university faculty who constitute the CHRI attending, associate attending, or clinical attending staff. The CHRI senior executive director and the staff member applying for COA privileges will

mutually identify the applicant's CHRI clinical and/or non-clinical involvement, including the categories of diagnosis, extent of anticipated patient activity, and the service areas to be utilized each year. A statement of this participation will be made a part of the application for appointment.

All applications for appointment and reappointment as a member of the COA staff shall be made to the CHRI senior executive director for initial evaluation. The CHRI senior executive director may, when appropriate, refer each application for completion of the appointment procedure in accordance with paragraph (E) or (F) of rule 3335-111-04 of the Administrative Code. However, the approval of an academic department chairperson and section chief shall not be required for the appointment or reappointment relative to any application for COA staff privileges. The staff member's ability to cooperate and support the goals identified by the CHRI senior executive director will be considered in the decision for appointment and reappointment. Adequate levels of clinical activity may be required to permit proper evaluation under CHRI quality assurance and utilization guidelines.

(2) Prerogatives:

Community oncologist attending staff members may:

- (a) Admit patients consistent with the balanced teaching and patient care responsibilities of the institution. When, in the judgment of the director of medical affairs, a balanced teaching program is jeopardized, following consultation with the senior executive director and chairperson of the appropriate academic department, and with the concurrence of a majority of the medical staff administrative committee, the director of medical affairs may restrict admissions. Imposition of such restrictions shall not entitle the COA staff member to the procedures of paragraph (F) of rule 3335-111-04 of the Administrative Code and rule 3335-111-05 of the Administrative Code.

(b) through (d) unchanged.

(3) Unchanged.

(F) Community associate staff.

(1) Qualifications:

The community associate medical staff shall consist of those applicants who do not have faculty appointments in any of the academic units of the Ohio state university and who are licensed in the state of Ohio. All applications for appointment and reappointment to the community associate staff shall be made to the senior executive director for initial evaluation. The senior executive director shall consult with the chairperson of the appropriate academic department and when appropriate may refer each application for completion of the appointment procedure in accordance with pertinent requirements of paragraph (E) or (F) of rule 3335-111-04 of the Administrative Code. The approval of the academic

department chairperson or section chief shall not be required.

(2) and (3) unchanged.

(G) and (H) unchanged.

(I) Clinical privileges.

(1) Delineation of clinical privileges:

- (a) The process of delineating privileges shall be the responsibility of the director of medical affairs with the approval of the senior executive director, and shall be on file with the senior executive director. A medical staff member may contest the specific privileges granted under rule 3335-111-04 of the Administrative Code.

(b) and (c) unchanged.

(2) Temporary and special privileges:

- (a) Temporary privileges -- with the written request and approval of the chairperson of the academic department in which the privileges will be exercised and the section chief, the director of medical affairs may act on behalf of the senior executive director and the CHRI board and grant temporary privileges when an application for full appointment is pending and there are specific patient care needs that mandate an immediate authorization to practice. An appropriately licensed professional may be granted temporary privileges for an initial period of thirty days, with subsequent renewals approved by the director of medical affairs not to exceed the pendency of the application. Such privileges shall be exercised in accordance with the conditions specified in rule 3335-111-04 of the Administrative Code.

(b) through (d) unchanged.

(3) and (4) unchanged.

3335-111-08 Organization of the CHRI.

(A) The senior executive director.

(1) Method of appointment:

The senior executive director shall be appointed by the board of trustees of the Ohio state university upon recommendation of the president, senior vice president for health sciences, and the vice president for health services following consultation with the CHRI board in accordance with university bylaws, rules and regulations. The senior executive director shall also be the chief executive and operating officer of the CHRI and shall be a member of the attending medical staff of the CHRI.

(2) Responsibilities:

The senior executive director shall be responsible for the conduct of teaching, research, and CHRI service activities of the facility, including continuing compliance with all appropriate quality assurance standards, ethical codes, or other monitoring or regulatory requirements. The senior executive director shall be the chairperson of the medical staff administrative committee and shall be a member of all committees of the CHRI.

(B) The director of medical affairs.

(1) Method of appointment:

The director of medical affairs shall be appointed by the senior vice president for health sciences upon recommendation by the senior executive director. The director of medical affairs shall be the chief medical officer of the CHRI and shall be a member of the attending medical staff of the CHRI.

(2) Responsibilities:

The director of medical affairs shall be responsible to the senior executive director, the ~~chief medical officer~~ director of the Ohio state university medical center health system, and the CHRI board for the quality of patient care provided in the CHRI. The director of medical affairs shall assist the senior executive director in the administration of medical affairs including quality assurance and credentialing.

(C) The sections.

Each member of the attending, associate attending, clinical, limited, and honorary staff shall be assigned to a CHRI section by the senior executive director upon the recommendation of the appropriate academic department chairperson and the credentials committee.

There are four clinical sections: medical oncology, surgical oncology, radiation oncology and pathology. Appointment to a specific section is based on the clinical specialty of the applicant for medical staff membership. Each section is headed by a section chief who has the responsibility to oversee all research and clinical activities conducted by members of the section. Specifically, the section chief shall be responsible for the following: the development and implementation of policies and procedures that guide and support the provision of service; recommendations re: staffing needs and clinical privileges for all members appointed to the section; the orientation and continuing surveillance of the professional performance of all section members; recommendation for space and other resources needed. The section chief is appointed by the senior executive director.

(D) ~~Department chairpersons~~ Chair of the departments.

Balance unchanged.

(A) and (B) unchanged.

(C) Delegates at-large.

There shall be two delegates at-large that are members of the medical staff. Each delegate at large shall be a member of the medical staff administrative committee and shall serve on those committees of the CHRI board as appointed by the chairperson of the CHRI board.

(D) Qualifications of officers.

(1) Unchanged.

(2) The senior executive director and director of medical affairs are not eligible to serve as chief of staff or chief of staff-elect unless they are replaced in their CHRI administrative role during the period of their term of office.

(E) Election of officers.

(1) All officers (other than at-large officers) will be elected by a majority of those voting by written or electronic ballot after the April meeting of the medical staff. If one candidate does not achieve a majority vote ~~is not achieved by one candidate~~, there will be an election on a second ballot between the two receiving the greatest number of votes.

(2) The nominating committee will be composed of five members. The chief of staff and the chief of staff-elect will serve on the committee and the chief of staff-elect will be its chairperson. ~~The three other members of the committee will be appointed by the~~ chief of staff-elect will appoint the three other members of the committee.

(3) through (6) unchanged.

(F) Term of office.

(1) Unchanged.

(2) The at-large representatives ~~will each~~ shall serve two years, beginning on the first of July. ~~They~~ The delegate at large may succeed themselves for three successive terms (six years, total), if so elected. They may not ~~continue longer serve again~~ without a period of two years out of office as a delegate at large. ~~They~~ The delegate at large may be elected chief of staff-elect at any time if they are members of the attending staff.

(G) Vacancies in office.

(1) Vacancies in the office of chief of staff during the chief's term will be automatically succeeded and performed by the chief of staff-elect. When the unexpired term is one year or less, the new chief of staff will continue in office until the completion of the expected term in that office. When the unexpired term is more than one year, the new

chief of staff will serve ~~until the end of the~~ out the remaining term of the replaced chief of staff only.

- (2) Vacancies in the office of chief of staff-elect ~~will~~ shall be filled by a special election held within sixty days of establishing the vacancy by the nominating and election process set forth in paragraph (F) of this rule. The nominating committee will make nominations and a special meeting of the voting members of the medical staff will be called to add nominations and elect the replacement. The new chief of staff-elect will become chief of staff at the end of the term of the incumbent.

- (3) Unchanged.

3335-111-10 Administration of the medical staff of the CHRI.

Medical staff committees.

- (A) Appointments: Appointments to all medical staff committees except the medical staff administrative committee (MSAC) and the nominating committee will be made jointly by the chief of staff, chief of staff-elect, and the director of medical affairs. Unless otherwise provided by the bylaws, all appointments to medical staff committees are for one year and may be renewed. Up to two additional member(s) may be appointed to the MSAC at the recommendation of the senior executive director of the CHRI, subject to the approval of the medical staff administrative committee and subject to review and renewal on a yearly basis. The chairperson shall control the committee agenda, attendance of staff and guests and conduct the proceedings. A simple majority of appointed voting members shall constitute a quorum. All committee members appointed or elected to serve on a medical staff committee are expected to participate fully in the activities of those committees.

- (B) Medical staff administrative committee:

- (1) Composition:

- (a) Chief of staff, chief of staff-elect, past chief of staff, section chiefs of medical oncology, radiation ~~oncology~~ medicine, surgical oncology and pathology; CHRI chair of clinical quality and resource management policy group committee; CHRI senior executive director, ~~CHRI deputy director, CHRI director of administration,~~ CHRI director of medical affairs, ~~CHRI associate director for professional education;~~ two delegates at-large ~~delegates, CHRI administrator for nursing;~~ senior executive director medical staff appointments (up to two), CCC director for clinical research, and CCC director for cancer control. CHRI executive director, the CHRI associate director for professional education, and the CHRI administrator, patient care services, shall serve as ex-officio non-voting members.
- (b) Any member of the committee who anticipates absence from a meeting of the committee may appoint a temporary substitute as a representative at the meeting. The temporary substitute will have all the rights of the absent member. The senior

executive director may invite any member of staff as the senior executive director's representative at a meeting or to attend any meeting with the senior executive director.

(c) Unchanged.

(2) Duties:

(a) Unchanged.

(b) To receive and act upon commission and committee reports. To delegate appropriate staff business to committees while retaining the right of executive responsibility and authority over all medical staff committees. This shall include but is not limited to review of and action upon medical staff appointments and reappointments whenever timely action is necessary.

(c) Unchanged.

(d) To recommend action to the senior executive director on matters of medico-administrative nature, ~~including assessing and recommending outside agencies or individuals for contract services.~~

(e) To fulfill the medical staff's accountability to the CHRI board for medical care rendered to patients in the CHR, and for professional conduct and activities of the medical staff, including recommendations concerning:

(i) Medical staff structure;

(ii) The mechanism to review credentials and to delineate clinical privileges;

(iii) The mechanism by which medical staff membership may be terminated or suspended;

(iv) Participation in the CHRI's performance improvement, quality and patient safety activities; and

(v) Corrective action and hearing procedures applicable to medical staff members and other licensed health care professionals granted clinical privileges.

(f) through (m) unchanged.

(3) Meetings:

The committee shall meet monthly and keep detailed minutes, which shall be distributed to each committee member before or at the next meeting of the committee.

(4) Unchanged.

(C) Credentials committee:

(1) Composition:

The credentialing responsibilities of the medical staff are delegated to the Ohio state university health system credentialing committee, the composition of which shall include representation from the medical staff of each hospital.

The chief medical officer of the health system shall appoint the health system credentialing committee ~~shall be appointed by the chief medical officer of the health system.~~ The chief of staff and director of medical affairs or medical director of each health system hospital shall make recommendation to the chief medical officer for representation on the health system credentialing committee.

The health system credentialing committee shall meet at the call of its chair, whom shall be appointed by the chief medical officer of the health system.

(2) Unchanged.

Balance unchanged.

Amended James Medical Staff Rules and Regulations

03 ATTENDING ASSIGNMENT.

(A) Unchanged.

(B) Alternative attending medical staff member coverage.

Each division shall have a plan for medical coverage. Each member of the medical staff shall designate on his or her medical staff application one or more members of the attending or limited medical staff who have accepted this responsibility and who shall be called to attend his or her patients if the responsible attending medical staff member is not available, the director of medical affairs, section chiefs, department chair or his designee shall have authority to contact any member of the medical staff and arrange for coverage should the attending medical staff member and the alternate be unavailable.

~~(B)~~

(C)

In the case of a medical or psychiatric emergency involving a patient, visitor or CHRI staff member in an inpatient or outpatient setting, any individual who is a member of the Medical Staff or who has been delineated privileges is permitted to do everything possible to save the life or prevent serious harm regardless of the individual's staff status or clinical privileges.

~~Emergency care is considered to be treatment rendered to stabilize the patient prior to transport to The Ohio State University Hospitals Emergency Department or other appropriate facility if the patient's condition dictates.~~

~~To initiate emergency announcements over the verbal paging system, staff should contact the Hospital operator by dialing 6-3433. Either a "Code Blue" or "Medical Admitting" stat page is requested. The operator will announce the alert twice in succession.~~

~~Physician coverage for medical emergencies is provided by the Medical Admitting Resident on call on a 24-hour basis.~~

04 CONSULTATIONS.

(A) Consultation requirements.

When a medical staff member identifies, in the course of treating the patient, a patient care problem that requires intervention during the hospital stay that is outside the medical staff member's area of training and experience, it is the responsibility of the medical staff member to obtain consultation by the appropriate specialist.

(B) Responsibility to monitor consultations.

It is the duty of the medical staff, through its clinical section chief and the medical staff administrative committee to assure that members of the staff comply in the matter of requesting consultations as needed.

(C) Consultation contents.

A satisfactory consultation shall be rendered within one day of the request and shall include examination of the patient, examination of the medical record, and a written opinion signed by the consultant that is made a part of such record. If operative procedures are involved, the consultation note, except in an emergency shall be recorded prior to the operation.

Amended James Medical Staff Rules and Regulations (contd)

04(05) ORDER WRITING PRIVILEGES.

(A) Definition of "Patient Orders".

(1) A patient order(s) is a prescription for care or treatment of inpatients, outpatients or emergency patients which is written, dictated verbally to an RN, RPh, physician assistant or RRT and signed by a medical practitioner. An order can be given verbally, electronically or in writing to qualified personnel identified by category in paragraph (C) of this rule and shall be authenticated by the licensed medical practitioner. Patient orders may be written given initially, renewed, discontinued or canceled cancelled. Throughout these rules and regulations, the word "written" and its grammatical derivatives, as used to describe a non verbal order, refer to both written and electronically entered orders.

(2) Electronic orders are equivalent and have the same authority as written orders. Electronic orders have been expressly structured to mirror these rules and regulations and all policy guidelines adopted by the medical staff and hospital administration.

(B) Responsible medical practitioner.

All patient care is the responsibility of the attending, associate attending, clinical attending, community oncologist or community associate staff. Coverage may be provided by the limited staff under supervision. The licensed physician, dentist, psychologist or podiatrist (under medical doctor supervision) member of the staff with appropriate clinical privileges responsible for the hospitalization or outpatient care, and treatment of the patient is responsible for all orders for the patient. Attending, associate attending and clinical medical staff may designate members of the limited staff to write orders under their direction. The attending staff member may also designate members of the pre-M.D. medical student group to write orders, but in all cases the orders shall be signed by the physician, dentist, psychologist, podiatrist, or designated limited staff member who has the right to practice medicine, dentistry, psychology, or podiatry and who is responsible for that patient's care prior to the execution of the order. Supervising physicians may delegate to members of their ~~physician assistant staff~~ qualified personnel the ability to relay, enter, transcribe or write orders for routine laboratory, radiologic and diagnostic studies under their direction, but, in all cases, the order shall be co-signed by the supervising physician within 24 hours of the order being written. Community oncologist attending or community associate staff coverage may be provided by the limited staff under supervision.

Patient orders written by "off-service" house officers or consultant staff must be countersigned by the responsible practitioner or his designee. Exception may be made in the event of preoperative orders or in the instance of acknowledged co-management: e.g. the intensive care unit or recovery room.

- (C) Telephone and verbal orders may be given by the responsible attending physician, dentist, podiatrist, psychologist or member of the limited medical staff only to health care providers who have been approved in writing by title or category by the director of medical affairs, the director of the CHRI, and each chief of the clinical service where they will exercise clinical privileges, and only where said health care provider is exercising clinical privileges which have been approved and delineated by job description for employees of the hospital, or by the customary medical staff credentialing process when the provider is not an employee of the hospital. Lists of the approved titles or categories of providers shall be maintained by the director of medical affairs. The job description or delineated privileges for each provider must indicate each provider's authority to receive telephone or verbal orders, including but not limited to the authority to receive orders for medications. the order is to be written and signed by approved health care provider to whom it is dictated or given as "verbal order by Dr. _____," or "V.O. by Dr. _____," giving the medical practitioner's name and hour, followed by the approved health care provider's signature and date, and read back in its entirety to the ordering physician, dentist, psychologist, podiatrist, or designated limited staff member. All telephone and verbal orders for DEA schedule II controlled substances, patient seclusion, or patient restraint must be authenticated within one (1) day by signature of a licensed physician, dentist, podiatrist, psychologist, or designated limited staff member. All other inpatient verbal and telephone orders must be

authenticated within twenty-one (21) days of discharge by signature by a licensed physician, dentist, podiatrist, psychologist, or limited staff member. All outpatient verbal and telephone orders must be authenticated prior to or at the time of the next outpatient visit by signature of a licensed physician, dentist, psychologist, podiatrist, or limited staff member.

(D) through (F) unchanged.

(G) Change of nursing service.

Level of care is defined as the type and frequency of medical and nursing interventions required to appropriately manage the medical and nursing care requirements of the patient. "Change of ~~nursing service level of care~~" means official and physical movement (transfer) of a patient from ~~any permanent care unit to another an inpatient or observation care unit providing one level of care to another providing a different level of care~~, with or without change in attending physician, dentist, psychologist or podiatrist or clinical service. Orders effective before transfer must be renewed or rewritten upon transfer by signature of a responsible medical practitioner. The new or renewed orders may be written before or when the patient arrives on the receiving unit and may become effective immediately.

In each case of "change of nursing service," it is the responsibility of the receiving nurse to establish the availability of renewed or new written orders. Prior orders will remain in effect until new orders are available. This should be done within eight hours of transfer.

(H) "Transfer of clinical service" means transfer of full patient responsibility from one attending physician, dentist, psychologist or podiatrist to another; the patient may remain on the same unit or a "change of nursing service" in patient care area may also occur. Admission of a patient from an emergency service to the hospital as an inpatient involves "transfer of clinical service."

For the purposes of order writing, two essentials of "transfer of clinical service" are necessary:

(1) and (2) unchanged.

Orders effective before the transfer must be renewed or rewritten upon transfer by signature of a responsible medical practitioner. The new or renewed orders may be written before or at the time of transfer, and may become effective immediately. It is the responsibility of the receiving nurse to establish the availability of new or renewed orders. If new orders are unavailable, then the nurse may continue previous orders and immediately notify the responsible medical practitioner.

(I) and (J) unchanged.

~~(K) Orders in emergency vehicles.~~

~~These rules and regulations apply to CHRI owned and/or manned emergency care and retrieval vehicles.~~

~~(L)~~(K) ~~No code blue~~ Do not resuscitate orders.

The order for "~~no code blue~~" do not resuscitate indicating that the patient should not undergo cardiopulmonary resuscitation may be written only by the attending physician or his delegate. Verbal orders for "~~no code blue~~" do not resuscitate will not be accepted under any circumstances. The order for "~~no code blue~~" do not resuscitate may be rescinded only by the attending physician or delegate ~~in written form on the order sheet~~ and an order must be written to annul said order. Please refer to hospital policy 03-24 Do Not Resuscitate Orders for further detail.

~~(M)~~(L) Restraint and seclusion orders.

Restraint and seclusion orders require careful evaluation and monitoring. ~~Each order shall include the type of restraint, reason for restraint and duration of restraint, not to exceed twenty four hours.~~ Please refer to hospital policy 03-30 Restraint and Seclusion for further details.

~~0506~~ DEATH PROCEDURES.

(A) Every member of the medical staff shall be actively interested in securing necropsies in every death on their service. ~~Performance of a necropsy is especially important under the following circumstances:~~ No autopsy shall be performed without written consent, permission, or direction as prescribed by the laws of Ohio.

~~*When death occurs within 72 hours of admission, unless patient has been admitted for Hospice care.~~

~~*When an unexpected death occurs and the cause of death is not known based on available clinical information.~~

~~*When an autopsy will help explain unknown and unanticipated medical complications.~~

~~*When the patient's treatment has included an investigational or experimental agent.~~

~~*When the patient has been a participant in a clinical trial approved by the human subjects committee.~~

~~*When the patient has had a transplant.~~

~~*When the unexpected death is not subject to autopsy by the Franklin county coroner.~~

~~*When the death may be due to undocumented high risk infectious disease or environmental or occupational hazards.~~

~~*When the autopsy may allay concerns of and provide reassurance to the family regarding the death.~~

~~*When there is a need to enhance the education and knowledge of the medical staff and housestaff.~~

~~No necropsy shall be performed without written consent, permission, or direction as prescribed by the laws of Ohio.~~

(B) and (C) unchanged.

(D) Criteria for autopsy requests include the following:

- (1) Coroner's cases when the coroner elects not to perform an autopsy. The county coroner has jurisdiction for performing an autopsy when death is the result of violence, casualty, or suicide, or occurs suddenly in a suspicious or unusual manner. Deaths occurring during surgery or within twenty-four (24) hours of admission to the hospital are also coroner's cases, and the decision whether to autopsy is the coroner's responsibility. When the coroner elects not to perform an autopsy, a request of an autopsy shall be made pursuant to paragraph (A) of this rule.
- (2) Unexpected or unexplained deaths, where apparently due to natural causes or due to those occurring during or following any surgical, medical, or dental diagnostic procedures or therapies.
- (3) Undiagnosed infectious disease where results may be of value in treating close contacts.
- (4) All deaths in which the cause of death is not known with certainty on clinical grounds.
- (5) Cases where there is question of disease related to occupational exposure.
- (6) Organ donors (to rule out neoplastic or infectious disease).
- (7) Cases in which autopsy may help to allay the concerns of the family or public regarding the death and to provide assurance to them regarding the same.
- (8) Deaths in which autopsy may help to explain unknown or unanticipated medical complications to the attending.
- (9) Deaths of patients who have participated in investigational therapy protocols.
- (10) Deaths in which there is a need to enhance the education and knowledge of the medical staff and house staff. The attending practitioner shall be notified of the autopsies performed by the pathology department.

- (E) When an autopsy is performed, provisional anatomic diagnosis should be recorded in the medical record within three days and the complete protocol should be made a part of the record within sixty days.

~~0607~~ DISASTER PLAN EMERGENCY PREPAREDNESS.

(A) Emergency care.

Emergency care is considered to be treatment rendered to stabilize the patient prior to transport to the Ohio state university hospitals emergency department or other appropriate facility as the patient's condition dictates.

(B) Disaster preparedness.

In case of a civil, military, natural emergency or disaster, patients may be discharged from the CHRI, moved to other community hospitals, or moved to other facilities made available for the care and treatment of patients, by the order of the director of medical affairs of the CHRI or the ~~director's~~ director of medical affairs designated agent, to preserve life and health, to make room for more critically ill or injured patients sent to the hospitals from a disaster area or for the purpose of saving lives and to provide adequate medical care and treatment.

~~07~~(8) SURGICAL CASE REVIEW (TISSUE COMMITTEES).

Unchanged.

~~08~~(09) TISSUE DISPOSITION.

~~09~~(10) COMMITTEES.

In addition to the medical staff committees, the medical staff shall participate in the following hospital and monitoring functions: infection control, clinical quality management, safety, and disaster planning and in other leadership council for clinical value enhancement advisory policy groups.

Medical ~~Records~~ information committee.

- (A) The Medical ~~Records~~ information committee shall have representation from medical staff, nursing, medical records department, and hospital administration. The committee shall meet at least quarterly and carry out the following duties:

(1) through (8) unchanged.

- (B) Each member of the medical staff shall conform to the policies established by the medical records committee, including the following:

(1) Chart contents

- (a) The attending physician shall be responsible for the preparation of a complete medical record for each patient. This record shall including the following:

(i) through (iii).

- (iv) ~~Personal and family~~ Previous personal history, and physical examination, including:

~~(a) Date of admission~~

~~(b) Chief complaint~~

~~(c) History of present illness~~

~~(d) Past medical history~~

~~(e) Relevant past social and family history~~

~~(f) Medications~~

- ~~(g)~~ Review of systems
- ~~(h)~~ Physical exam
- ~~(i)~~ Test results
- ~~(j)~~ Impression
- ~~(k)~~ Plan of care
- ~~(l)~~ A history and physical appropriate to the procedure shall be documented in the medical record of all ambulatory surgery patients, and patients undergoing outpatient procedures.
- ~~(v)~~ Family history.
- ~~(vi)~~ Physical examination.
- ~~(v)~~
~~(vii)~~ Special reports, as those from:
 - ~~(a)~~ and (b) unchanged.
 - ~~(c)~~ Consultants as verified by the attending medical staff member's signature.
- ~~(vi)~~
~~(viii)~~ Unchanged.
- ~~(vii)~~
~~(ix)~~ Unchanged.
- ~~(viii)~~
~~(x)~~ Unchanged.
- ~~(ix)~~
~~(xi)~~ Unchanged.
- ~~(x)~~
~~(xii)~~ Condition Discharge disposition, condition of patient at discharge, including and instructions given at that time.
- ~~(xi)~~
~~(xiii)~~ Unchanged.
- ~~(xii)~~
~~(xiv)~~ Unchanged.
- ~~(xv)~~ The legal status of patients receiving mental health services.
- ~~(xvi)~~ Emergency care provided to the patient prior to arrival, if any.
- ~~(xvii)~~ Evidence of known advance directives.
- ~~(xviii)~~ All reassessments and any revisions of the treatment plan.

- (xix) Any and all orders related to the patient's care.
 - (xx) Every medication dispensed to an inpatient at discharge.
 - (xxi) Every dose of medication administered and any adverse drug reaction.
 - (xxii) Any referrals and communications made to external or internal providers and to community agencies.
 - (xxiii) Postoperative documentation records, the patient's vital signs and level of consciousness; medications, including IV fluids, blood and blood components; any unusual events or postoperative complications; and management of such events.
 - (xxiv) An intra-operative anesthesia record.
 - (xxv) A post anesthesia follow up report written within forty eight (48) hours after surgery by the individual who administers the anesthesia.
 - (xxvi) Signed and dated reports of nuclear medicine interpretations, consultation, and procedures.
- (b) History and physical examination.
- (i) A complete history and physical examination shall be documented on all inpatient records. The history and physical shall include:
 - (a) Date of admission
 - (b) Chief complaint
 - (c) History of present illness
 - (d) Past medical history
 - (e) Relevant past social and family history
 - (f) Medications
 - (g) Review of systems
 - (h) Physical examinations
 - (i) Test results
 - (j) Impression
 - (k) Plan of care
 - (ii) A history and physical appropriate to the procedure and the patient shall be documented in the medical record of all

ambulatory surgery patients, and patients undergoing outpatient procedures.

(iii) A history and physical appropriate to the patient and the patient's chief complaint shall be documented in the medical record of all ambulatory patients.

(iv) The history and physical examination for ambulatory patients and patients undergoing outpatient procedures shall include:

(a) Indications for procedure/visit

(b) Relevant history

(c) Medications or reference to current listing

(d) Focused review of systems, as appropriate

(e) Pre-procedure assessment/examination

(f) Impression and plan

(2) Deadlines and sanctions

~~(a) The complete A history and physical examination shall be dictated or written on the patient's chart no later than twenty-four hours after admission of the patient. If the history and physical examination is dictated, a summary of pertinent findings must be recorded in the patient's chart within twenty-four hours after admission. A history and physical appropriate to the patient and the patient's chief complaint shall be documented in the medical record of all ambulatory patients. A history and physical examination may be completed prior to admission, surgery or the patient's initial visit and accepted as part of the medical record if completed within thirty days preceding the admission, surgery or visit. If the history and physical examination is completed greater than seven (7) days but within 30 days of admission or outpatient visit, notation shall be made in the history and physical to indicate review and any updates is performed on all patients, both inpatient and outpatient, regardless of whether the medical treatment or procedure is high or low risk. The history and physical examination must be performed by a member of the medical staff or his/her designee, who is appropriately credentialed by the hospital, and be signed and dated. In the event the history and physical examination is performed by a physician extender, it shall be countersigned by the responsible medical staff member. Oral surgeons and dentists are responsible for portions of the history and physical exam related to dentistry.~~

~~(b) A staff admission progress note must be compiled by the responsible attending medical staff member~~

~~or his/her designee no later than seventy-two hours after admission of the patient. The staff admission progress note must be signed by the responsible attending staff member. The complete history and physical examination shall be dictated, written or updated no later than 24 hours after admission of the patient. A summary of pertinent findings must be recorded in the patient's chart at the time of dictation. In the event the history and physical examination is performed by a physician extender, it shall be countersigned by the responsible medical staff member.~~

- (c) The history and physical examination may be performed up to thirty (30) days prior to admission, surgery or the visit. If completed before admission, surgery or patient's initial visit, there must be a notation indicating the presence or absence of changes in the patient's condition since the history and physical was completed. This notation shall be made on the history and physical at the time of admission, surgery or visit. The update must be performed by a member of the medical staff or his/her designee, and be signed and dated. In the event the history and physical update is performed by the medical staff member's designee, it shall be countersigned and dated by the responsible medical staff member.

~~(e)~~

- (d) When the history and physical examination signed by the responsible medical staff member, including the results of indicated laboratory studies and x-rays, and the staff admission progress note, are is not recorded in the chart before the time stated for a procedure, the procedure cannot proceed until the history, and physical, and laboratory physical signed by the responsible medical staff member, and indicated test results are entered into the chart. In cases where such delay would likely cause harm to the patient, this condition shall be entered into the chart by the attending medical staff member or designee, and the procedure may begin. When there is a disagreement concerning the urgency of the procedure, it will shall be adjudicated by the medical director of medical affairs or his the medical director's-designee.

~~(d)~~

- (e) A procedure note shall be entered in the record by the responsible attending medical staff member or the medical staff member's designee immediately upon completion of an invasive procedure. Procedure notes must be written for any surgical or medical procedures, irrespective of their repetitive nature, which involve material risk to the patient. For any formal operative procedures, a note shall include the preoperative diagnosis pre-operative and post-operative diagnoses, procedure(s) performed and description of each procedure, surgeon(s), resident(s), anesthesiologist(s), surgical service, type of anesthesia (general or local), complications,

invasive lines either added or deleted, estimated blood loss, any pertinent information not included on the O.R./anesthesia record, ~~and preliminary surgical findings, and specimens removed and disposition of each specimen.~~ Where a formal operative procedure report is appropriate, the report must be dictated immediately following the procedure. The transcribed operative/procedure report must be signed by the attending medical staff member. Any operative/procedure report not dictated ~~immediately~~ by 10:00 a.m. the day following the procedure shall be deemed delinquent and the attending medical staff member responsible ~~will~~ shall lose operating/procedure room and medical staff privileges and ~~admitting privileges~~ the following day. ~~Medical~~ Affected medical staff members ~~will~~ shall receive ~~phone~~ telephone calls from the medical ~~record administrator~~ information management department indicating the delinquent operative/procedure reports. ~~For all procedures which require submission of a specimen, the pathologist shall make such examination as necessary to arrive at a satisfactory diagnosis. The pathologist's report shall then be included on the patient's record.~~

- (f) Progress notes must provide a pertinent chronological report of the patient's course in the hospital and reflect any change in condition, or results of treatment. In the event that the patient's condition has not changed, and no diagnostic studies have been done, a progress note must be completed by the attending medical staff member at least every three days. Each medical student progress note in the medical records must be signed or counter-signed by a member of the attending, courtesy, or limited staff.
 - (g) Birth certificates must be signed by the medical staff member who delivers the baby within one week of completion of the certificate. Fetal death certificates and death certificates must be signed and the cause of death must be recorded by the medical staff member with a permanent Ohio license within 24 hours of death.
 - (h) Outpatient visit notes and letters to referring physicians, when appropriate, shall be dictated within three days of the patient's visit.
 - (i) Reports in the electronic signature system must be signed within ten (10) business days of availability.
- (3) Discharges
- (a) Unchanged.
 - (b) The discharge summary for each patient must be dictated by the responsible medical staff member or the member's designee within three days of discharge for any patient stay of more than forty-eight (48) hours. A handwritten or dictated discharge

summary must be completed within seven days of discharge for any stay of forty-eight hours or less. A dictated summary is required on all patients who expire, regardless of length of stay.

- (c) All medical records must be completed by the attending medical staff member or, when applicable, by his/her designee within twenty-one (21) days of discharge of the patient. Attending medical staff members who have incomplete records (of patients discharged for more than twenty-one days) assigned to them will have their admitting and operative privileges suspended until all records are completed. A list of delinquent records, by attending medical staff member, will be prepared and distributed by the medical records administrator once each week. The medical staff member will be given one week's notice of an intent to suspend. If an attempt is made by the attending medical staff member, or his/her designee when applicable, to complete the record, and the record is not available, the record is not counted against the attending medical staff member until the next list is prepared.

(e)

- (d) Unchanged.

(4) Confidentiality.

Access to medical records is limited to use in the treatment of patients, research, and teaching. All medical staff members are required to maintain the confidentiality of medical records. Improper use or disclosure of patient information is subject to disciplinary action.

(5) Ownership.

Medical records of hospital sponsored care are the property of the hospital and shall not be removed from the hospital's jurisdiction and safekeeping except in accordance with a court order, subpoena, or statute.

(4)

(6) Records storage, security, and accessibility

~~Access to medical records is limited to use in the treatment of patients, research and teaching. All medical staff members are required to maintain the confidentiality of medical records. Improper use or disclosure of patient information is subject to disciplinary action.~~ All patient's records, pathological examinations, slides, radiological films, photographic records, cardiographic records, laboratory reports, statistical evaluations, etc., are the property of the CHRI and shall not be taken from the CHRI except on court order, subpoena or statute duly filed with the medical record administrator or the hospital administration. The hospital administration may, under certain conditions, arrange for copies or reproductions of the above records to be made. Such copies may be removed from the hospital after the medical record administrator or the proper administrative authority has received a written receipt thereof. In the case of

readmission of the patient, all previous records or copies thereof shall be available for the use of the attending medical staff member. Under normal circumstances, the original hospital records, pathological examinations, slides, radiological films, etc., will be maintained by the hospital for no less than five years. Microfilms, electronic tape recordings, and such other acceptable storage techniques will be used to maintain patient's records, following the above prescribed five years.

~~Medical records of patients treated at the CHRI must be kept secure and accessible at all times. It is the policy of the CHRI that medical records may not be taken to any location outside the Medical Information Management Department without being properly signed out to the location. Medical records of recently discharged patients must remain on the Nursing Unit of discharge for forty-eight hours after the patient's discharge. Records may not be removed from the Nursing Unit except as authorized by the Medical Information Management Department.~~

~~Any member of the limited medical staff removing a medical record from a Nursing Unit or the Medical Information Management Department without the permission of the Medical Information Management Department staff is subject to appropriate disciplinary action. Upon the first incident, the medical staff member is subject to a written warning issued by the Director of Medical Affairs. If a second incident occurs the medical staff member will be subject to a temporary suspension. The third incident will be grounds for dismissal from the CHRI and its Medical Staff.~~

~~(6)~~

~~(7)~~ Unchanged.

~~(8)~~ Sterilization consent.

Prior to the performance of an operative procedure for the expressed purpose of sterilization of a (male or female) patient, the attending medical staff member shall be responsible for the completion of the legal forms provided by the hospital and signed by the patient. Patients who are enrolled in the Medicaid program must have their forms signed at least thirty (30) days prior to the procedure. Informed consent must also be obtained from one of the parents or the guardian of an unmarried minor.

~~(6)~~

~~(9)~~ Unchanged.

~~(7)~~ Electronic signature.

~~The electronic signature of medical record documents requires a signing password. At the time the password is issued, the physician is required to sign a statement that they will be the only person using the password. This statement will be maintained in the department responsible for the electronic signature system.~~

(10) Entries and authentication.

- (a) Entries in the medical record can only be made by staff authorized by the medical information management committee.
- (b) All entries must be legible and complete and must be authenticated and dated promptly by the person, identified by name and credentials, who is responsible for ordering, providing, or evaluating the service furnished.
- (c) The electronic signature of medical record documents requires a signing password. At the time the password is issued, the individual is required to sign a statement that she/he will be the only person using the password. This statement will be maintained in the department responsible for the electronic signature.
- (d) Signature stamps may be used by medical staff members only when there is a statement on file with the medical information management department stating that the medical staff member maintains possession of the stamp and will be the only person who will use the stamp in the medical records. The use of the stamp may not be delegated by the medical staff member to any other person for the purpose of affixing a signature to an entry in the medical record. Signature stamps may not be used on physician orders.

(11) Abbreviations.

Abbreviations, acronyms and symbols appearing on the non-approved abbreviations list may not be used in the medical record.

Operating Room Committee

- (A) The operating room committee shall have representation from all clinical departments utilizing the operating room, ~~director of operating room nursing~~ manager of perioperative services, director of admitting, and the operating room coordinator, and hospital administration. The committee shall meet at least quarterly and carry out the following duties:
 - (1) through (3) unchanged.
 - (4) Monitor medical staff compliance with operating room policies established for patient safety, infection control, access and throughput and smooth functioning of the operating rooms.
 - (5) and (6) unchanged.
- (B) Unchanged.

Pharmacy and Therapeutics/Drug Utilization Evaluation Committee
(P & T Committee)

The P & T committee ~~has~~ shall be appointed in conformity with the medical staff bylaws and have representation from medical staff, nursing, pharmacy department, college of pharmacy, and the hospital administration. The majority of members shall be members of the medical staff. The committee shall meet at least quarterly and carry out the following duties:

- (A) ~~Conduct ongoing monitoring, evaluation and improvement activities focused on the use of medications and communicate conclusions and recommendations to members of relevant departments/sections/services~~ Review the appropriateness, safety, and effectiveness of the prophylactic empiric and therapeutic use of drugs, including antibiotics, through the analysis of individual or aggregate patterns of drug practice.
- (B) Consider the welfare of patients as well as education, research and economic factors when analyzing the utilization of drugs and related products.
- (C) Advise on the use and control of experimental drugs.
- ~~(B)(D)~~ Unchanged.
- ~~(C)(E)~~ Unchanged.
- ~~(D)(F)~~ Unchanged.
- ~~(E)(G)~~ Unchanged.
- (H) Establish methods by which serum blood levels may be used to improve the therapeutic activity of drugs.
- (I) Establish programs to educate health care providers to the appropriate methods of monitoring the therapeutic effect in drugs via serum drug assays.
- (J) Provide guidance to the therapeutic drug monitoring service at the CHRI.
- (K) Recommend the development of policies and procedures to the pharmacy and therapeutic and drug utilization executive subcommittee.

Transfusion and isoimmunization committee.

- (A) The transfusion and isoimmunization committee has representation from physicians of the clinical departments frequently using blood products, nursing, transfusion service, and hospital administration. The majority of members shall be members of the medical staff. The committee shall meet at least quarterly and carry out the following duties:
 - (1) through (8) unchanged.
- (B) Each member of the medical staff shall conform to the policies established by the transfusion committee, including the following:

(1) All pregnant patients admitted for delivery or abortion shall be tested for Rh antigen.

~~(4)~~

(2) No ~~medicine~~ medication may be added to blood or blood products.

Infection control committee

(A) The committee members shall be appointed and shall also include representation from nursing, environmental services, and hospital administration. The chairperson will be a physician with experience and/or training in infectious diseases and carry out the following duties.

(1) and (2) unchanged.

Balance unchanged.

10 MECHANISM FOR CHANGING RULES AND REGULATIONS.

(A) Unchanged.

(B) Proposals for amendment to the rules and regulations may be made by any member of the attending staff. Such proposals shall be referred to the medical staff bylaws committee for review. Notice will then be given at any meeting of the medical staff administrative committee and this notice will be tabled until the next meeting. Two-thirds vote of the members present will be required for adoption.

(C) Unchanged.

(D) Notice of proposed changes will then be given at any meeting of the medical staff administrative committee.

(E) Two-thirds vote of the members present will be required for adoption.

~~(D)~~

(F) Amendments so accepted shall become effective when approved by the ~~Hospital~~ CHRI board ~~and presented to the Ohio state university board of trustees.~~

~~(E)~~

(G) These rules and regulations shall not conflict with the rules and regulations of the board of trustees of the Ohio state university Board of Trustees.

(H) Each member of the medical staff and those having delineated clinical privileges shall be provided an electronic or hard copy of the rules and regulations upon finalization of the approved amendment changes.

(APPENDIX XXIII)

**Waivers of Competitive Bidding Requirements
July-September 2005**

<u>Category</u>	<u>Total</u>		<u>Sole Source</u>		<u>Emergency</u>		<u>Sufficient Economic Reason</u>	
Health Sys– Merchandise for Resale	\$2,000,000	1	\$0	0	\$0	0	\$2,000,000	1
Health Sys– Prof Hlth Care Serv	\$16,009,786	14	\$13,746,880	13	\$0	0	\$2,262,906	1
Health Sys– Admin Equip & Serv	\$9,634,446	41	\$7,778,912	26	\$320,245	5	\$1,535,289	10
Merchan. & Serv for Resale	\$26,000	1	\$0	0	\$0	0	\$26,000	1
Instruc & Research Equip and Services	\$7,515,053	57	\$4,833,329	28	\$498,429	4	\$2,183,295	25
Admin Suprt Equip and Services	\$5,766,694	38	\$3,799,917	21	\$753,289	4	\$1,213,488	13
TOTAL	\$40,951,979	152	\$30,159,038	88	\$1,571,963	13	\$9,220,978	51

**THE OHIO STATE UNIVERSITY BOARD OF TRUSTEES
FISCAL AFFAIRS COMMITTEE**

NOVEMBER 4, 2005

Topic:

Executive design, programming, and construction management services for the Medical Center Facility Master Plan - Clinical Expansion projects.

Context:

The Medical Center Facilities Master Plan provides a clinical siting strategy that moves the clinical center of gravity west from Rhodes Hall and the Ross Heart Hospital. This includes the development of a four- or five-story multidisciplinary diagnostic and therapeutic building and a ten-story in-patient tower. Three enabling projects also are required. The Ross Heart Hospital is being expanded to provide revenue-producing beds. Means Hall will be demolished and those faculty offices replaced in the North Doan Hall Annex building. Third, the South Cannon Garage will need to be removed and replaced to allow for the diagnostic and therapeutic building.

In anticipation of consideration of the Facility Master Plan by the Board of Trustees, the University is requesting Board approval to contract for an executive architect/engineer, programmer, and construction manager for the purpose of providing design, programming, phasing, and cost projection guidance for further development of the clinical program.

Recommendations:

- Approval to contract for executive architects and engineers and programming and construction management services to develop an integrated design/development process for these Clinical Expansion projects.
- Approval would be granted only for expenditure of \$10M of the estimated total \$20M design and programming cost. The University will seek subsequent approval for the expenditure of the remaining \$10M cost of these services.
- As the individual projects evolve, each will need to be submitted to the Board of Trustees for design and construction approval at the appropriate time.

Considerations:

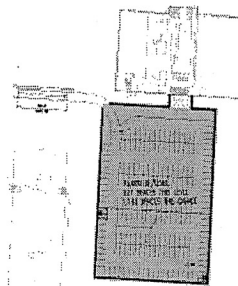
- How will this process be integrated into the University's capital process?
- What is the relationship between this design and planning team and the associate architect and construction manager for the individual projects?
- What are the risks and how will they be managed?

Requested of the Fiscal Affairs Committee:

Approval of resolution.



Phase I



Phase I, Level BI

Office of Business and Finance
University Medical Center
October 18, 2005



Center for Automotive Research (CAR) Feasibility Study

315-2005-994

Requesting Agency(s): CENTER FOR AUTOMOTIVE RESEARCH

Location(s): Kinnear Road, 930

Gross Sq. Ft.38,172 Age: 1961

Description:

This study will involve the analysis of the existing building, located at 930 Kinnear Rd., to determine how the facility can be modified to meet the needs of the Center for Automotive Research (CAR) over the next twenty-five years. This study will also be used to generate interest in the project from external funding sources.

Project Information:

The Center for Automotive Research (CAR) is an interdisciplinary university research center supported by the Transportation Research Endowment Program (TREP), as well as industry and governmental grants and contracts. Due to the growth of CAR, expansion of their facility is desired.

Issues:

How does this project advance the Academic Plan? Upgrading this building will create additional learning and research space for the Center for Automotive Research (CAR), enabling them to continue their standing as a leader in automotive research. It will allow CAR to expand its research, staff and the number of students currently working on projects for CAR. Additional laboratory space will provide faculty, staff and students with the latest technology for leadership in teaching, research and career development.

Outstanding Funding Issues: None

Timing Issues: This report will assist administrative decision making on the cost and timing of implementing the needed improvements.

"Ripple effects" of the project: None

Special limitations/risks: None

Source of Funds:	Original	Revised	Uses of Funds:	As Designed	As Bid	Completion
General Funds-Engineering	\$24,500.00	\$24,500.00				
Total:	\$24,500.00	\$24,500.00				

Schedule:	BoT Approved Amt.	Projected	Revised	Actual
PLANNING				
Feasibility Study Start	\$24,500.00	11/07/2005		
Feasibility Study Completion		04/28/2006		

Project Team:

Project Manager: Stacey Boumis (boumis.2@osu.edu)
Project Coordinator: Andrea Cuthbert (thimmes.5@osu.edu)
Project Assistant: Lisa Baldwin (baldwin.10@osu.edu)

Field Coordinator: Is Unassigned
Facility Planner: Is Unassigned

West Campus Area Projects

Center for Automotive Research (CAR) Feasibility Study





9th Avenue Parking Garage Renovation

315-2005-995

Requesting Agency(s): TRANSPORTATION & PARKING SERVICES

Location(s): Parking Garage F (9th Ave)

Gross Sq. Ft. 369,421 **Age:** 1980

Description:

This project will include structural concrete renovation and repairs, and upgrades to electrical and lighting systems for the parking garage. Work will require selective demolition and repair of precast concrete members and deck throughout the structure. When complete the entire deck surface will be treated with traffic coating to protect the surface and extend its life.

Project Information:

Preliminary project budget is \$2,000,000 - \$4,000,000.

Formerly known as 50700-R040037

Issues:

How does this project advance the Academic Plan? Renovation and repairs to the 9th Avenue Parking Garage will keep the structure operable for the foreseeable future. Delaying critical repairs to the structure will allow the deterioration to continue unchecked and the ultimate costs would continue to rise. The garage provides parking for College of Medicine and OSU Medical Center faculty and staff.

Outstanding Funding Issues: None

Timing Issues: The design services estimated completion date is March, 2006. The estimated construction completion date is June, 2011. The construction completion date will be finalized once final determination of the project scope is complete.

"Ripple effects" of the project: The OSU Medical Center Facilities Master Plan may include demolition of the South Cannon Garage. If the South Cannon Garage is demolished, timing must be coordinated with the 9th Avenue Garage Renovation project to minimize parking shortages in this area of campus.

Special limitations/risks: The 9th Avenue Parking Garage is located in an area of campus that is highly congested with vehicles and pedestrians. The estimated five year construction period is due to the renovation and repair work being weather and temperature dependent, and because Transportation and Parking has requested that the garage remain open for use during the construction period.

Source of Funds:	Original	Revised	Uses of Funds:	As Designed	As Bid	Completion
Univ. Bond Proceeds	\$4,000,000.00	\$4,000,000.00				
Total:	\$4,000,000.00	\$4,000,000.00				

Schedule:	BoT Approved Amt.	Projected	Revised	Actual
PLANNING				
Arch/Engr Approved by BoT (\$2.0 - \$4.0 Million)		11/04/2005		
CONSTRUCTION				
Construction Start		06/05/2006		
Completion		06/01/2011		

Project Team:

Project Manager: Lori Seeger (seeger.7@osu.edu)
Project Coordinator: Faye Bodyke (bodyke.3@osu.edu)
Project Assistant: Lisa Baldwin (baldwin.10@osu.edu)

Field Coordinator: Is Unassigned
Facility Planner: Is Unassigned

North Academic Core and Medical Campus Projects

Baker Systems Engineering Roof Replacement
 Increase Campus Electric Capacity Phase I (Third Transformer)
 Postle Hall Partial Window Replacement
 North Doan Hall – Non-Clinical Addition
 Wilce Student Health – Dental Clinic Renovation
 9th Avenue Parking Garage Renovation



Office of Business and Finance

October 18, 2005

North





Baker Systems Engineering Roof Replacement

315-2005-928

Requesting Agency(s): FACILITIES OPERATIONS AND DEVELOPMENT

Location(s): Baker Systems Engineering, David F.

Gross Sq. Ft.115,361 Age: 1968

Description:

This project will replace the existing built-up roof system with a modified bitumen system and revise existing copings and counterflashing and install fall protection. (17,300 Square Feet)

Project Information:

Issues:

How does this project advance the Academic Plan? The roof replacement for this building will continue to support an environment suitable for education and research.

Outstanding Funding Issues: None

Timing Issues: None

"Ripple effects" of the project: None

Special limitations/risks: There is a potential of water infiltration (leaks) into the building during construction.

Source of Funds:	Original	Revised	Uses of Funds:	As Designed	As Bid	Completion
HB16 Columbus Basic Renovation	\$500,000.00	\$500,000.00				
Total:	\$500,000.00	\$500,000.00				

Schedule:	BoT Approved Amt.	Projected	Revised	Actual
PLANNING				
Arch/Engr Approved by BoT		11/04/2005		
Bidding Approved BoT		02/02/2007		
DESIGN				
Schematic Design Approval		07/25/2006		
Design Dev Document Approval		09/18/2006		
Construction Document Approval		12/02/2006		
BIDDING				
Bid Opening		03/16/2007		
CONSTRUCTION				
Construction Start		06/28/2007		
Completion		09/26/2007		

Project Team:

Project Manager: Brett Garrett (garrett.194@osu.edu)
Project Coordinator: Karen Cogley (cogley.1@osu.edu)
Project Assistant: Lisa Baldwin (baldwin.10@osu.edu)

Field Coordinator: Is Unassigned
Facility Planner: Is Unassigned



Increase Campus Electric Capacity Phase I (Third Transformer)

5062-PF07944

Requesting Agency(s): FACILITIES OPERATIONS AND DEVELOPMENT

Location(s): Electric Substation, Buckeye

Gross Sq. Ft. 13,200 **Age:** 1974

Description:

This project will add a third transformer at the OSU Electric Substation providing redundancy and the needed additional capacity for the increasing campus power needs due to new and future buildings.

Project Information:

2007 Bonds

Issues:

How does this project advance the Academic Plan? The addition of a third 84 Mega Volt-Amp transformer will give the University the additional capacity needed for current and future demands. Without this expansion, the University will not have the needed electrical capacity to service new and future academic and research buildings.

Outstanding Funding Issues: None

Timing Issues: This new transformer capacity must be available by spring 2007 as the University will have three new 2000-ton chillers in the McCracken Power Plant scheduled to come on line at that time to meet the growing cooling needs of the main campus.

"Ripple effects" of the project: None

Special limitations/risks: A possible one or two day outage at the substation will be required for transfer of power to the new equipment. Proper planning should prevent this from impacting main campus electric service.

Source of Funds:	Original	Revised	Uses of Funds:	As Designed	As Bid	Completion
Univ. Bond Proceeds	\$7,000,000.00	\$7,000,000.00				
Total:	\$7,000,000.00	\$7,000,000.00				

Schedule:	BoT Approved Amt.	Projected	Revised	Actual
PLANNING				
Arch/Engr Approved by BoT		11/04/2005		
Bidding Approved BoT		04/07/2006		
DESIGN				
Schematic Design Approval		01/04/2007	01/04/2006	
Construction Document Approval		02/15/2006		
BIDDING				
Bid Opening		06/01/2006		
CONSTRUCTION				
Construction Start		07/01/2006		
Completion		04/15/2007		

Project Team:

Project Manager: Jerry Bender (bender.3@osu.edu)
Project Coordinator: Karen Cogley (cogley.1@osu.edu)
Project Assistant: Lisa Baldwin (baldwin.10@osu.edu)

Field Coordinator: Is Unassigned
Facility Planner: Is Unassigned



Ohio Union Garage Renovation and Expansion

315-2005-997

Requesting Agency(s): TRANSPORTATION & PARKING SERVICES

Location(s): Parking Garage C (Union)

Gross Sq. Ft. 387,952 **Age:** 1969

Description:

This project will include structural concrete renovation and repairs, and upgrades to the elevator, electrical and lighting systems for the parking garage. Additionally, the project will add two bays to the existing garage to accommodate the increased parking need generated by the Ohio Union Replacement project.

Project Information:

Issues:

How does this project advance the Academic Plan? Renovation and repairs to the Ohio Union Garage will improve the condition, function and appearance of University facilities and grounds. The garage provides access to various academic interests in the surrounding area.

Outstanding Funding Issues: University bonds will be repaid with revenues from parking fees. Student Affairs will participate in cost sharing with Transportation & Parking to cover the gap between incoming parking revenues and the debt service on bond repayment.

Timing Issues: The construction of this project will be coordinated with the Ohio Union Replacement project construction. The renovation and repairs in the existing garage will start in 2007 to minimize adverse impacts to parking demand and to prevent further damage to the structure, which will help to contain costs.

"Ripple effects" of the project: The garage will be out of service during construction, and therefore, parking will be displaced for this area of campus; a mitigation plan is in progress.

Special limitations/risks: Space for the garage expansion is limited by the Ohio Union Replacement project. An existing city sewer below the existing garage will be addressed; access to and egress from the new garage bays may be challenging; the construction of this project will occur concurrently with the Ohio Union Replacement project, resulting in logistical and coordination issues that will be addressed.

Source of Funds:	Original	Revised	Uses of Funds:	As Designed	As Bid	Completion
Univ. Bond Proceeds	\$17,000,000.00	\$17,000,000.00				
Total:	\$17,000,000.00	\$17,000,000.00				

Schedule:

BoT Approved Amt.

Projected

Revised

Actual

PLANNING				
Capital Project Approved by BoT	\$17,000,000.00			09/23/2005
Constr Mgr Approved by BoT	\$17,000,000.00	11/04/2005		
Arch/Engr Approved by BoT	\$17,000,000.00	11/04/2005		
CONSTRUCTION				
Construction Start		05/01/2007		
Completion		05/01/2009		

Project Team:

Project Manager: Ruth Miller (miller.2495@osu.edu)
Project Coordinator: Faye Bodyke (bodyke.3@osu.edu)
Project Assistant: Lisa Baldwin (baldwin.10@osu.edu)

Field Coordinator: Is Unassigned
Facility Planner: Is Unassigned

North Academic Core Projects

Ohio Union Garage Rehabilitation and Expansion



Office of Business and Finance

October 18, 2005

North





Postle Hall Partial Window Replacement

315-2005-923

Requesting Agency(s): FACILITIES OPERATIONS AND DEVELOPMENT

Location(s): Postle Hall, Wendell D.

Gross Sq. Ft.278,169 Age: 1950

Description:

This project will replace approximately seventy (70) 17 feet x 7 feet exterior windows on the North side of Postle Hall with thermally insulated window units.

Project Information:

Issues:

How does this project advance the Academic Plan? The replacement of the windows will reduce air infiltration and assist the building mechanical systems so that they perform as designed, which will support an environment suitable for education and research.

Outstanding Funding Issues: None

Timing Issues: None

"Ripple effects" of the project: None

Special limitations/risks: Some of the offices and classrooms could be "closed-off" during the construction period, which will be coordinated with the affected occupants in the building.

Source of Funds:	Original	Revised	Uses of Funds:	As Designed	As Bid	Completion
HB16 Columbus Basic	\$630,000.00	\$630,000.00				
Renovation						
Total:	\$630,000.00	\$630,000.00				

Schedule:	BoT Approved Amt.	Projected	Revised	Actual
PLANNING				
Arch/Engr Approved by BoT		11/04/2005		
Bidding Approved BoT		02/02/2007		
DESIGN				
Schematic Design Approval		07/25/2006		
Design Dev Document Approval		09/23/2006		
Construction Document Approval		12/07/2006		
BIDDING				
Bid Opening		03/16/2007		
CONSTRUCTION				
Construction Start		06/28/2007		
Completion		11/26/2007		

Project Team:

Project Manager: Brett Garrett (garrett.194@osu.edu)
Project Coordinator: Karen Cogley (cogley.1@osu.edu)
Project Assistant: Lisa Baldwin (baldwin.10@osu.edu)

Field Coordinator: Is Unassigned
Facility Planner: Is Unassigned



North Doan Hall - Non-Clinical Addition

315-2004-914

Requesting Agency(s): UNIVERSITY HOSPITALS

Location(s): Doan Hall, Charles Austin

Gross Sq. Ft. 669,869 **Age:** 1951

Description:

This project includes the demolition of the existing two story North Doan appendage; construction of a non-clinical office building to house Medical Center faculty; tenant fit-out of all floors in the office tower; tenant fit-out of the second floor Doan infill; and renovation of the contiguous second floor of North Doan Hall for the Digestive Health Center. This project must be constructed using fast-track methodology with multiple bid packages in order to meet the aggressive Digestive Health Center timeline.

Project Information:

Project increased to add four additional floors to the original scope during the schematic design phase.

Issues:

How does this project advance the Academic Plan? As an academic medical center, it is vital that the University's medical facilities remain current in the latest medical and technological advances. The additional space will expand our ability to serve the academic component and provide state-of-the-art facilities for patient care offered to the surrounding community.

Outstanding Funding Issues: None

Timing Issues: None

"Ripple effects" of the project: The relocation of non-patient care programs from the existing two story facility in Doan Hall will be accommodated by moves to the Ross Heart Hospital and relocations to 650 Ackerman Road.

Special limitations/risks: The project will require narrowing 12th Avenue during most of the construction which overlaps with the construction of Biomedical Research Tower and Jennings Hall. Careful planning and scheduling will be necessary to avoid conflicts with pedestrian and loading dock access.

Source of Funds:	Original	Revised	Uses of Funds:	As Designed	As Bid	Completion
Auxiliaries-University Hospitals	\$14,000,000.00	\$35,900,000.00				
Total:	\$14,000,000.00	\$35,900,000.00				

Schedule:	BoT Approved Amt.	Projected	Revised	Actual
PLANNING				
Arch/Engr Approved by BoT	\$11,300,000.00	05/07/2004	09/15/2004	09/22/2004
Constr Mgr Approved by BoT	\$19,500,000.00	02/04/2005		02/04/2005
Bidding Approved BoT (Demo - Interim Approval)	\$500,400.00	08/03/2005		08/03/2005
Constr Mgr Approved by BoT (Budget Increase)	\$35,900,000.00	08/03/2005		08/03/2005
Arch/Engr Approved by BoT (Budget Increase)	\$35,900,000.00	08/03/2005		08/03/2005
Bidding Approved BoT	\$35,900,000.00	11/04/2005		
DESIGN				
Schematic Design Approval		04/15/2005		04/15/2005
Design Dev Document Approval		07/09/2005	09/28/2005	09/28/2005
Construction Document Approval		10/31/2005		
BIDDING				
Bid Opening (Demolition)		06/01/2005	09/01/2005	09/01/2005
CONSTRUCTION				
Award of Contracts (Demolition)		07/29/2005	10/31/2005	
Construction Start (Demolition)		08/01/2005	11/08/2005	
Completion (Demolition)		12/10/2005		
Completion		06/01/2007	09/30/2007	

Project Team:

Project Manager: Richard Van Deusen (van-deusen.2@osu.edu)
Project Coordinator: Curtiss Ashley (ashley.6@osu.edu)
Project Assistant: Patricia Berger (berger.58@osu.edu)

Field Coordinator: Is Unassigned
Facility Planner: Is Unassigned



Wilce Student Health - Dental Clinic Renovation

315-2005-986

Requesting Agency(s): STUDENT AFFAIRS, OFFICE OF

Location(s): Wilce Student Health Center, John W

Gross Sq. Ft. 53,768 **Age:** 1970

Description:

This project will convert existing shell space in the Wilce Student Health Center into a new dental clinic, which will include state-of the art digital scan x-ray equipment.

Project Information:

The project budget increased during the design phase due to the addition of digital equipment and the mechanical and electrical infrastructure needed to support the equipment and the new digital technology.

Formerly project # 50700-R050091

Issues:

How does this project advance the Academic Plan? Renovation of shell space into a new dental lab will enhance the quality of the Wilce Student Health Center to better serve faculty, staff, and students.

Outstanding Funding Issues: None

Timing Issues: Project must be completed prior to the start of construction of Wilce Student Health - Phase III, planned for January 2007.

"Ripple effects" of the project: None

Special limitations/risks: None

Source of Funds:	Original	Revised	Uses of Funds:	As Designed	As Bid	Completion
Auxiliaries-Student Affairs	\$140,000.00	\$513,200.00				
Total:	\$140,000.00	\$513,200.00				

Schedule:	BoT Approved Amt.	Projected	Revised	Actual
PLANNING				
Bidding Approved BoT	\$513,210.00	11/04/2005		
DESIGN				
Construction Document Approval		11/15/2005		
CONSTRUCTION				
Construction Start		01/23/2006		
Completion		06/30/2006		

Project Team:

Project Manager: Nikolina Sevis (sevis.2@osu.edu)

Project Coordinator: Faye Bodyke (bodyke.3@osu.edu)

Project Assistant: Jean Frey (frey.2@osu.edu)

Field Coordinator: Is Unassigned

Facility Planner: Is Unassigned

**THE OHIO STATE UNIVERSITY BOARD OF TRUSTEES
FISCAL AFFAIRS COMMITTEE**

NOVEMBER 4 2005

Topic:

Medical Center Facility Master Plan and Project Cancer

Context:

The process for developing an area master plan for the University Medical Center and the Health Sciences was initiated at President Holbrook's request in March 2003. The overall goal of the Medical Center is to achieve parity with top-quartile academic medical centers nationwide. To achieve this goal, the objective of the planning process was to focus on the ability to expand services in meeting the Medical Center's research, clinical and education missions. The planning process and the recommended components of the plan are outlined in the attached. An executive summary and the draft plan are available for review if desired.

Recommendations:

Approval of the Medical Center Facility Master Plan. Approval of this plan will provide a longer-term framework for guiding Medical Center development and a context for review of subsequent individual projects. The University's standard process for review of district and area master plans is a "two-meeting" process to ensure adequate time for review and consideration. First reading was conducted at the September 2005 Board of Trustees meeting. Planning, funding, and construction of individual projects still require separate University and Board approval as those projects are developed.

Considerations:

Over the next 6 – 12 months, and prior to requesting authorization for design or construction of any of the individual projects identified in this plan, the Medical Center and the University will work to:

- Develop a plan that clearly addresses collateral impacts on infrastructure, access, and parking and identifies the necessary sources of funds.
- Elaborate on the portion of the plan that addresses the needs of the College of Medicine and Public Health.
- Finalize conceptual project costs and align phased implementation schedule with available sources of funds.
- Identify and communicate process for obtaining approval for changes or modifications to the proposed plan.
- Finalize and approve related business plans.
- Ensure plan is consistent with the six-year Capital Plan approved September 23, 2005

Requested of the Fiscal Affairs Committee:

Approval of the Master Plan.

SUMMARY

MEDICAL CENTER FACILITY MASTER PLAN AND PROJECT CANCER

Introduction

The Medical Center Facility Master Plan establishes a framework and long-range vision for the future of the University's Medical Center campus and Health Sciences academic facilities. It is a working document for the growth, development, and improvement of Medical Center/Health Sciences area of campus that provides the planning rationale for decisions regarding the buildings, landscape, infrastructure, circulation, parking, and community/patient interaction. The plan focuses future growth and development, establishes priorities for improving the appearance and provides a basis for determining resource needs and raising funds.

Process

A planning team with representatives from the University Architect's Office, and clinical, research and Health Sciences areas of the Medical Center guided the plan. The team assisted in the initial inventory and evaluation, and formally reviewed the plan at the first draft/alternatives and final draft/preferred alternative stages.

The process began with an inventory and evaluation of existing facilities and infrastructure and surrounding community conditions as well as the vision, mission, and goals and Academic priorities of the Medical Center and the University. Meetings, interviews, and open forums were held to identify planning issues. These issues, along with inventory and evaluation data, became the basis for the goals and objectives and a framework for the campus plan.

Alternative plan concepts were developed to examine a variety of solutions for short-term and long-term development of the campus. These alternative plans were presented for input to the planning team and to students, staff, faculty, neighbors, and community leaders at open forums. In addition, the plans were made available for review and comment via the web and public display of the plans. From the input received on the alternatives, a recommended plan was developed. This plan was reviewed again in a process similar to that used for the alternatives. The plan was refined and presented for final draft review.

Goals and Objectives

The goals for the Medical Center were based on general goals established for the Columbus campus master planning process. Several objectives, specific to the Medical Center were developed under each of these goals.

Conserve the University's finite resources.

Objectives

- Develop a land use plan to establish priorities and strategies for campus development.
- Assess suitability of buildings for continued and/or expanded use in near, mid- and long-term evaluating both physical and functional conditions.
- Identify locations for future facilities.
- Identify open space reserve areas necessary to preserve the campus image.

- Identify potential areas on campus for outside development.

Unify and Integrate Campus Development.

Objectives

- Improve pedestrian and vehicular circulation on campus.
- Identify and locate future building uses and sites.
- Improve the use of existing campus facilities.

Improve the quality of the Campus/Medical Center environment through a long-range commitment to strong design principles.

Objectives

- Establish an identity for the campus and the individual institutions.
- Provide Design Guidelines to unify the campus appearance.
- Ensure accessibility.
- Maintain and improve the passive and active green spaces on campus.
- Improve the campus landscaping.

Recommended Plan

The clinical ‘center of gravity’ of the Medical Center shifts west. Investment is targeted there.

This occurs in a condensed development pattern of large, flexible floor plates and interconnected inpatient towers. Connections begin at the western edge of Rhodes/Doan, and move west. The four lower floors are connected, as are select upper tower floors. The tower construction occurs above shelf construction, just west of the current Rhodes tower.

Future towers also remain east of Cannon Drive, and are intimately linked to other bed towers developed initially, or now existing.

Land west of Cannon Drive is primarily developed in future phases, thereby maximizing use of existing assets and minimizing initial site related enabling costs. Its future is ambulatory care development, faculty offices, and associated parking.

Connections among mission areas are nurtured through 12th Avenue becoming a ‘transitional zone.’ Wet research laboratories to the north, and faculty offices/dry-lab research space south of 12th Avenue, encourage translational research to the clinical core. Future research buildings tie into this concept.

A faculty office building appropriately sited in the ‘translational zone’ is a key strategy whose need is immediate.

Significant diagnostic, imaging and ambulatory care spaces are developed on the four floors of the “Diagnostic and Treatment” (D&T) bar extending west from the Rhodes/Doan elevator tower, to Cannon Drive.

The center of gravity’s shift west is made possible by the replacement and demolition of Means Hall, and the MRI building just east of the Emergency Department.

The South Cannon Garage site enables the Medical Center complex to reach Cannon Drive. Its parking complement is replaced, and

growth in parking need met, in a multifaceted siting strategy linking parking to point of service.

Site circulation is enhanced in a pattern where entrances occur off of 10th Avenue. A new north south connector link is established between 10th and 12th Avenues. Ultimately, 10th Avenue is straightened and connected to Neil Avenue. Cannon Drive is enhanced as a boulevard character gateway to the Medical Center.

A network of green spaces creates a pedestrian-oriented campus and streetscape, and connects the Medical Center complex to the main campus.

Neighborhood connections to the south are enhanced, per the guidance of the OSU South Campus Master Plan. Similarly, the Neil Avenue corridor is enhanced through both sensitive development and preservation (Hamilton Hall).

The southeast quadrant is developed as an integrated Health Sciences environment serving multiple colleges, around a 'health sciences green' and the Prior Health Sciences Library.

Doan Hall is decommissioned as a clinical facility and systematically converted to faculty office use per the 'translational research' strategy previously mentioned.

Rhodes Hall remains a clinical inpatient facility, with fewer and more private beds.

As the James Cancer Hospital occupies its beds in the new tower, the existing James facility is reclaimed for University Hospitals' use in supporting 'signature programs' in transplant and critical care.

Necessary remediation and modernization investments are made to all existing buildings, per documented needs and priorities in the Master Plan.

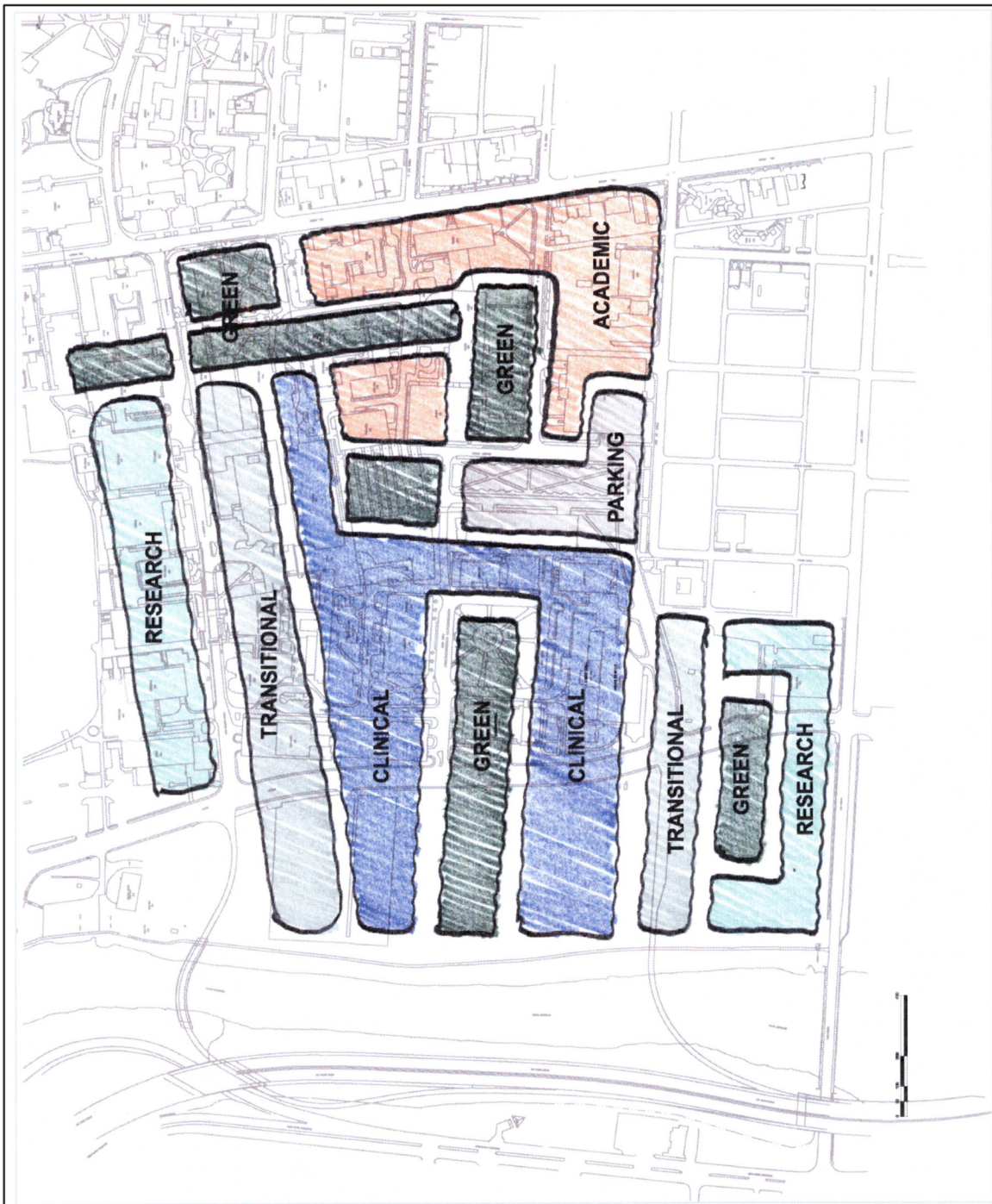
Infrastructure investments include a chiller plant and electrical substation required to serve the new square footage, and provide needed redundancies in systems.

Off site, community-based ambulatory care strategies are being pursued simultaneously, thereby lessening the need for ambulatory care space on the south campus by approximately 30%.

Buildings whose condition surveys and documented reinvestment requirements suggest change in use or demolition include Starling Loving Hall, Graves Hall, McCampbell Hall, and all buildings serving the Health Sciences Colleges.

The 'visions' outlined above will be realized in phases. The space needs driving the timing relates to projected growth in clinical services, research requirements, the evolution of signature program areas, and faculty recruitment.

Selected highlights of future phases include a major Emergency Department expansion west (when Cramblett Hall is replaced) and a major new research building on the current North Cannon Garage site.



General Zoning Concept
2005 Medical Center Master Plan, Phases 1 & 2